ORD INFORMATION
RESOURCE CENTER, HCFA

MEDICARE / MEDICAID NURSING HOME INFORMATION

MASSACHUSETTS

Part 1

ABINGTON to MARBLEHEAD

87/88

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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MEDICARE/MEDICAID NURSING HOME INFORMATION

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Part 1

ABINGTON TO MARBLEHEAD

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U.S. Department of Health & Human Services

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Administrator
Health Care Financing Administration

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The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administration

The Administrator
Washington, D.C. 20201

INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, ''Further Considerations.'' This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a ''snapshot'' of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the ''State Government'' section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

The Commonwealth of Massachusetts
Executive Office of Human Services
Department of Public Health
150 Tremont Street
Boston 02111
617-727-2700

Michael S. Dukakis
Governor

Philip W. Johnston
Secretary

Deborah Prothrow-Stith, M.D.
Commissioner

DIVISION OF HEALTH CARE QUALITY

Irene R. McManus, M.P.H.
Director

I. Overview of Nursing Home Licensure Program

The Division of Health Care Quality is the Commonwealth's chief government body for monitoring health care delivery in Massachusetts. Nursing homes must meet both state standards for licensure and federal standards for participation in the Medicaid and Medicare programs. The Division executes its work through standards setting, regular on-site inspections, complaint investigations, and enforcement action. The Division spends a substantial amount of time monitoring and regularly inspecting nursing homes to assure compliance with quality of care standards. Compliance with these regulations enables a facility to continue to be licensed to operate in Massachusetts and/or to be certified to receive federal Medicare or Medicaid reimbursement. The Division conducts unannounced inspections of all of the state's nursing homes at least once a year. Depending on the nursing home's previous record and current conditions, a Division inspector will spend two to seven days in a facility looking at items such as the availability and quality of medical and nursing services, the emotional and physical condition of patients, the cleanliness of the facility, the quality of the food service, the provision of meaningful recreational activities and social services that address individual problems. When the Division inspectors uncover a problem in a nursing home, they first work with the facility's staff to develop a plan for correcting the problem. In addition, the inspector makes follow-up visits to assure that the facility is correcting the problem. The Division's unique position as both standard setter and monitor of health care services ensures that Massachusetts nursing homes facilities provide minimum standards of care, quality of life, and safety standards for its residents.

II. Overview of Enforcement System

As the patient protection arm of the Department of Public Health, the Division investigates complaints from consumers and other agencies concerning patient care in the state's nursing homes. While the majority of nursing homes provide appropriate care, there are instances when the Division must take enforcement action to protect patients. The Division initiates patient protection action when it becomes evident that the health and safety of patients is being jeopardized or dangerously threatened. Such investigations can result in formal enforcement actions such as admission freezes, license revocations or receiverships, or may be resolved through voluntary compliance by the facility. The Division's authority to protect patients through enforcement of its quality of care regulations for nursing homes was greatly stengthened through the passage of the Patient Abuse Statute in 1980. The law requires certain health care professionals, such as nurses, doctors, and nurses aides, to report incidents of abuse, mistreatment or neglect to the Division. Problems are resolved through a variety of means including referral to the Attorney General's Office for possible legal action, consultation with the nursing home, or formal Division enforcement action. Finally, recent promulgation of suitability regulations has enabled the Division to review the suitability of licensees, thereby preventing undesirable owners from operating nursing homes in Massachusetts.

III. Resources Available to Consumers

State survey agency:
Division of Health Care Quality
Department of Public Health
80 Boylston Street, Room 1100
Boston, MA 02116
617-727-5860

Ombudsman program:
State Long Term Care Ombudsman Program
Executive Office of Elder Affairs
38 Chauncy Street
617-727-7273 or 727-0343

Complaints:
To report a suspected case of patient abuse, mistreatment, or neglect; or to make a complaint about a nursing home call:

Patient Complaint Unit
Division of Health Care Quality
617-727-8984 (9:00 a.m. - 5:00 p.m., Monday - Friday) or, call the patient abuse/ complaint hotline:
1-800-462-5540 (24-hour, toll-free)

Medicaid fraud and abuse of funds unit:
Medicaid Fraud Control Unit
Department of the Attorney General
131 Tremont Street
Boston, MA 02111
617-727-2823

Source for obtaining nursing home survey results:
"Surveyor-of-the-Day"
Division of Health Care Quality
617-727-5860

State Office on Aging:
Executive Office of Elder Affairs
38 Chauncy Street
Boston, MA 02111
1-800-882-2003 (Hot Line -Toll Free)

Other state programs related to nursing home quality of care:
To report a suspected case of patient discrimination call:

Advocacy Office
Division of Health Care Quality
617-727-8984

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,
New Hampshire, Rhode Island, and
Vermont

Region II/New York

New Jersey, New York,
Puerto Rico, and
Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia,
Maryland, Pennsylvania, Virginia,
and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia,
Kentucky, Mississippi,
North Carolina, South Carolina,
and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan,
Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana,
New Mexico, Oklahoma, and
Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and
Nebraska

Region VII/Denver

Colorado, Montana,
North Dakota, South Dakota,
Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii,
Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon,
and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are ''pressure sore'' or ''decubitus.''

Catheter. See **Urinary Catheter**.

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name:	Self-explanatory
Street Address:	Self-explanatory
City and State:	Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF) — A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF) — A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious — A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private — A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other — A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary — A nursing home operated for profit.

Government — A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**

Caution: *A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.*	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1 — Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2 — Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3 — State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4 — Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

Reminder: *These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.*	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile “Selected Performance Indicators,” tells about the nursing home’s performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home’s performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, “The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.”

Column 1 — Facility Met/Not Met: Shows either “Met” or “Not Met.” “Met” means that the nursing home performed satisfactorily in this area. “Not Met” would mean that the home did not perform satisfactorily in this area.

Column 2 — State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3 — State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4 — Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5 — Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE
COLONY HOUSE HEALTH CARE

Street Address: 277 WASHINGTON ST	**City and State:** ABINGTON MA 02351

Participation: MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	82.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	74	76.3	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	60	61.9	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	58.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	3.1	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	15.5	34.6	37.7
Completely bedfast residents.	1	1.0	1.9	3.4
Residents confined to chairs.	55	56.7	41.4	50.8
Residents requiring restraints.	41	42.3	41.2	41.3
Confused or disoriented residents.	59	60.8	58.8	58.4
Residents with bed sores.	5	5.2	5.2	7.1
Residents receiving special skin care.	56	57.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILDRED ALFORD NURSING HOME

Street Address: 81 BIRCH ST		**City and State:** ABINGTON MA 02351	
Participation: MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	44	47.3	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	69	74.2	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	68.8	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	69.9	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	58	62.4	70.5	68.2
Residents on individually written bowel and bladder retraining program.	6	6.5	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	17.2	34.6	37.7
Completely bedfast residents.	2	2.2	1.9	3.4
Residents confined to chairs.	28	30.1	41.4	50.8
Residents requiring restraints.	19	20.4	41.2	41.3
Confused or disoriented residents.	34	36.6	58.8	58.4
Residents with bed sores.	3	3.2	5.2	7.1
Residents receiving special skin care.	14	15.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUBURBAN MANOR CONVL & NSG HOME

Street Address: 1 GREAT RD		**City and State:** ACTON MA 01720	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 122	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
117	1	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	83.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	117	100	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	79	67.5	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	70.1	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	67.5	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.6	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	31.6	34.6	37.7
Completely bedfast residents.	1	0.9	1.9	3.4
Residents confined to chairs.	46	39.3	41.4	50.8
Residents requiring restraints.	55	47.0	41.2	41.3
Confused or disoriented residents.	90	76.9	58.8	58.4
Residents with bed sores.	4	3.4	5.2	7.1
Residents receiving special skin care.	20	17.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ACUSHNET NURSING HOME

Street Address: 127 S MAIN ST	**City and State:** ACUSHNET MA 02743

Participation: MEDICAID ICF	**# of Beds:** 28	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	100	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	14	50.0	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	2	7.1	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	100	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	35.7	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	17.9	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	4	14.3	15.3	39.1
Residents requiring restraints.	4	14.3	17.4	31.7
Confused or disoriented residents.	8	28.6	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	28	100	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE HALL EAST NSG. & REHAB CTRE

Street Address: 464 MAIN STREET	**City and State:** AGAWAM MA 01001

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	**Medicare Residents:** 0	**Medicaid Residents:** 92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	75.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	107	95.5	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	98	87.5	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	75.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	11	9.8	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	29.5	34.6	37.7
Completely bedfast residents.	3	2.7	1.9	3.4
Residents confined to chairs.	60	53.6	41.4	50.8
Residents requiring restraints.	52	46.4	41.2	41.3
Confused or disoriented residents.	66	58.9	58.8	58.4
Residents with bed sores.	12	10.7	5.2	7.1
Residents receiving special skin care.	27	24.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE HALL NH

Street Address: 55 COOPER ST	**City and State:** AGAWAM MA 01001

Participation: MEDICAID ICF	**# of Beds:** 124	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	56.9	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	33	56.9	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	38	65.5	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	46.6	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	22.4	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	7	12.1	15.3	39.1
Residents requiring restraints.	5	8.6	17.4	31.7
Confused or disoriented residents.	25	43.1	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	5	8.6	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE HALL NURSING HOME WEST

Street Address: 61 COOPER ST	**City and State:** AGAWAM MA 01001

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 164	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 153	**Medicare Residents:** 1	**Medicaid Residents:** 110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	2	1.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	25	16.3	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	13	8.5	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	10.5	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	126	82.4	70.5	68.2
Residents on individually written bowel and bladder retraining program.	5	3.3	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	60	39.2	34.6	37.7
Completely bedfast residents.	1	0.7	1.9	3.4
Residents confined to chairs.	130	85.0	41.4	50.8
Residents requiring restraints.	128	83.7	41.2	41.3
Confused or disoriented residents.	93	60.8	58.8	58.4
Residents with bed sores.	6	3.9	5.2	7.1
Residents receiving special skin care.	153	100	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE HALL NURSING HOME/SOUTH

Street Address: 100 HARVEY JOHNSON DRIVE		**City and State:** AGAWAM MA 01001	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 122	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 0	**Medicaid Residents:** 86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	90	76.9	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	115	98.3	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	98	83.8	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	83.8	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	66.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	13	11.1	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	23.1	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	71	60.7	41.4	50.8
Residents requiring restraints.	54	46.2	41.2	41.3
Confused or disoriented residents.	63	53.8	58.8	58.4
Residents with bed sores.	3	2.6	5.2	7.1
Residents receiving special skin care.	41	35.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
UNION SQUARE NURSING CENTER

Street Address: 533 CAMBRIDGE ST	**City and State:** ALLSTON MA 02134

Participation: MEDICAID ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 0	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	79.7	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	36	48.6	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	12	16.2	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	24.3	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	20.3	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	1.4	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	10	13.5	15.3	39.1
Residents requiring restraints.	5	6.8	17.4	31.7
Confused or disoriented residents.	37	50.0	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	23	31.1	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMESBURY NURSING CENTER

Street Address: 22 MAPLE ST		**City and State:** AMESBURY MA 01913	
Participation: MEDICAID SNF/ICF	**# of Beds:** 124	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
124	0	114

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	73.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	91	73.4	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	95	76.6	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	83.9	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	43.5	70.5	68.2
Residents on individually written bowel and bladder retraining program.	10	8.1	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	16.1	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	29	23.4	41.4	50.8
Residents requiring restraints.	27	21.8	41.2	41.3
Confused or disoriented residents.	82	66.1	58.8	58.4
Residents with bed sores.	8	6.5	5.2	7.1
Residents receiving special skin care.	91	73.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAPLEWOOD MANOR NURSING HOME

Street Address: 6 MORRILL PLACE	**City and State:** AMESBURY MA 01913

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 0	**Medicaid Residents:** 90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	55	47.0	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	104	88.9	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	83	70.9	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	67.5	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	71	60.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	17.1	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	37	31.6	41.4	50.8
Residents requiring restraints.	67	57.3	41.2	41.3
Confused or disoriented residents.	53	45.3	58.8	58.4
Residents with bed sores.	3	2.6	5.2	7.1
Residents receiving special skin care.	30	25.6	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMHERST N H

Street Address: 150 UNIVERSITY DR	**City and State:** AMHERST MA 01002

Participation: MEDICAID SNF/ICF	**# of Beds:** 81	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	**Medicare Residents:** 0	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	88.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	74	91.4	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	64	79.0	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	79.0	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	66.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	4	4.9	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	21.0	34.6	37.7
Completely bedfast residents.	2	2.5	1.9	3.4
Residents confined to chairs.	20	24.7	41.4	50.8
Residents requiring restraints.	27	33.3	41.2	41.3
Confused or disoriented residents.	43	53.1	58.8	58.4
Residents with bed sores.	1	1.2	5.2	7.1
Residents receiving special skin care.	28	34.6	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ACADEMY MANOR OF ANDOVER

Street Address: 89 MORTON STREET		**City and State:** ANDOVER MA 01810	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 174	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 169	**Medicare Residents:** 0	**Medicaid Residents:** 102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	131	77.5	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	138	81.7	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	122	72.2	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	169	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	115	68.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	62	36.7	34.6	37.7
Completely bedfast residents.	1	0.6	1.9	3.4
Residents confined to chairs.	50	29.6	41.4	50.8
Residents requiring restraints.	44	26.0	41.2	41.3
Confused or disoriented residents.	108	63.9	58.8	58.4
Residents with bed sores.	7	4.1	5.2	7.1
Residents receiving special skin care.	54	32.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RANDOLPH NURSING HOME

Street Address: 102 BURNHAM ROAD	**City and State:** ANDOVER MA 01810

Participation: MEDICAID ICF	**# of Beds:** 17	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 17	**Medicare Residents:** 0	**Medicaid Residents:** 14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	100	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	9	52.9	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	3	17.6	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	100	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	1	5.9	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	5.9	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	15.3	39.1
Residents requiring restraints.	2	11.8	17.4	31.7
Confused or disoriented residents.	9	52.9	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	12	70.6	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARK AVE NSG , CONV RET HOME

Street Address: 146 PARK AVE		**City and State:** ARLINGTON MA 02174	
Participation: MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
78	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	87.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	75	96.2	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	63	80.8	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	79.5	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	69.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.6	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	20.5	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	15	19.2	41.4	50.8
Residents requiring restraints.	41	52.6	41.2	41.3
Confused or disoriented residents.	48	61.5	58.8	58.4
Residents with bed sores.	1	1.3	5.2	7.1
Residents receiving special skin care.	8	10.3	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WELLINGTON MANOR N H

Street Address: 8 WELLINGTON ST	**City and State:** ARLINGTON MA 02174

Participation: MEDICAID ICF	**# of Beds:** 42	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 0	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	39	97.5	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	39	97.5	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	22	55.0	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	50.0	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	72.5	45.5	59.1
Residents on individually written bowel and bladder retraining program.	1	2.5	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	10.0	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	2.5	15.3	39.1
Residents requiring restraints.	18	45.0	17.4	31.7
Confused or disoriented residents.	28	70.0	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	29	72.5	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ASHLAND MANOR N H

Street Address: 25 CENTRAL ST	**City and State:** ASHLAND MA 01721

Participation: MEDICAID ICF	**# of Beds:** 29	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	69.2	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	18	69.2	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	7	26.9	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	100	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	50.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	4	15.4	15.3	39.1
Residents requiring restraints.	2	7.7	17.4	31.7
Confused or disoriented residents.	22	84.6	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	0	0.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
QUABBIN VALLEY CONVALESCENT CTR, INC.

Street Address: 821 DANIEL SHAYS HIGHWAY	**City and State:** ATHOL MA 01331

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	130	PROPRIETARY	01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
127	1	104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	119	93.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	103	81.1	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	90	70.9	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	63.0	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	59.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	30.7	34.6	37.7
Completely bedfast residents.	1	0.8	1.9	3.4
Residents confined to chairs.	53	41.7	41.4	50.8
Residents requiring restraints.	68	53.5	41.2	41.3
Confused or disoriented residents.	83	65.4	58.8	58.4
Residents with bed sores.	9	7.1	5.2	7.1
Residents receiving special skin care.	36	28.3	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRISTOL NURSING HOME-ICF

Street Address: 1000 OAK HILL AVE	**City and State:** ATTLEBORO MA 02703

Participation: MEDICAID ICF	**# of Beds:** 68	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 0	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	79.4	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	53	77.9	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	33	48.5	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	89.7	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	64.7	45.5	59.1
Residents on individually written bowel and bladder retraining program.	1	1.5	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	20.6	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	11	16.2	15.3	39.1
Residents requiring restraints.	18	26.5	17.4	31.7
Confused or disoriented residents.	33	48.5	48.8	55.8
Residents with bed sores.	2	2.9	2.4	4.7
Residents receiving special skin care.	38	55.9	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLEASANT MANOR NURSING HOME

Street Address: 193-195 PLEASANT ST	**City and State:** ATTLEBORO MA 02703

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 133	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 125	**Medicare Residents:** 0	**Medicaid Residents:** 105

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	100	80.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	117	93.6	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	92	73.6	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	73.6	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	92	73.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.6	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	22.4	34.6	37.7
Completely bedfast residents.	2	1.6	1.9	3.4
Residents confined to chairs.	75	60.0	41.4	50.8
Residents requiring restraints.	62	49.6	41.2	41.3
Confused or disoriented residents.	92	73.6	58.8	58.4
Residents with bed sores.	17	13.6	5.2	7.1
Residents receiving special skin care.	26	20.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIDGEWOOD COURT NH

Street Address: 27 GEORGE ST	**City and State:** ATTLEBORO MA 02703

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
115	1	91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	71.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	95	82.6	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	75	65.2	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	71.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	6	5.2	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	27.0	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	57	49.6	41.4	50.8
Residents requiring restraints.	48	41.7	41.2	41.3
Confused or disoriented residents.	87	75.7	58.8	58.4
Residents with bed sores.	7	6.1	5.2	7.1
Residents receiving special skin care.	115	100	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODFORD OF AYER NSG HOME

Street Address: 15 WINTHROP AVE	**City and State:** AYER MA 01432

Participation: MEDICAID ICF	**# of Beds:** 71	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 0	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	32	47.1	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	47	69.1	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	51	75.0	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	76.5	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	38	55.9	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	11.8	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	20	29.4	15.3	39.1
Residents requiring restraints.	26	38.2	17.4	31.7
Confused or disoriented residents.	47	69.1	48.8	55.8
Residents with bed sores.	7	10.3	2.4	4.7
Residents receiving special skin care.	23	33.8	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BALDWINVILLE NURSING HOME

Street Address: HOSPITAL RD	**City and State:** BALDWINVILLE MA 01436

Participation: MEDICAID SNF/ICF	**# of Beds:** 82	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	**Medicare Residents:** 0	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	77.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	67	82.7	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	55	67.9	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	86.4	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	55.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	25.9	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	18	22.2	41.4	50.8
Residents requiring restraints.	42	51.9	41.2	41.3
Confused or disoriented residents.	13	16.0	58.8	58.4
Residents with bed sores.	3	3.7	5.2	7.1
Residents receiving special skin care.	12	14.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARLETON-WILLARD VILLAGE N C

Street Address: 100 OLD BILLERICA RD	**City and State:** BEDFORD MA 01730

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	90.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	101	94.4	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	85	79.4	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	76.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	8	7.5	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	18.7	34.6	37.7
Completely bedfast residents.	2	1.9	1.9	3.4
Residents confined to chairs.	25	23.4	41.4	50.8
Residents requiring restraints.	24	22.4	41.2	41.3
Confused or disoriented residents.	54	50.5	58.8	58.4
Residents with bed sores.	4	3.7	5.2	7.1
Residents receiving special skin care.	19	17.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BELMONT MANOR NURS HOME

Street Address: 34 AGASSIZ AVE	**City and State:** BELMONT MA 02178

Participation: MEDICAID SNF/ICF	**# of Beds:** 119	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 111	**Medicare Residents:** 0	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	82.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	97	87.4	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	78	70.3	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	89.2	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	71.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.7	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	33.3	34.6	37.7
Completely bedfast residents.	2	1.8	1.9	3.4
Residents confined to chairs.	37	33.3	41.4	50.8
Residents requiring restraints.	46	41.4	41.2	41.3
Confused or disoriented residents.	66	59.5	58.8	58.4
Residents with bed sores.	22	19.8	5.2	7.1
Residents receiving special skin care.	48	43.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BEVERLY NURSING HOME

Street Address: 40 HEATHER ST		**City and State:** BEVERLY MA 01915	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 160	**Medicare Residents:** 0	**Medicaid Residents:** 77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	144	90.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	144	90.0	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	137	85.6	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	76.9	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	139	86.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	28	17.5	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	88	55.0	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	85	53.1	41.4	50.8
Residents requiring restraints.	92	57.5	41.2	41.3
Confused or disoriented residents.	132	82.5	58.8	58.4
Residents with bed sores.	12	7.5	5.2	7.1
Residents receiving special skin care.	134	83.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BLUEBERRY HILL HEALTHCARE NH

Street Address: 75 BRIMBAL AVE	**City and State:** BEVERLY MA 01915

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 134	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 134	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	106	79.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	129	96.3	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	81	60.4	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	134	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	49.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.2	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	16.4	34.6	37.7
Completely bedfast residents.	1	0.7	1.9	3.4
Residents confined to chairs.	47	35.1	41.4	50.8
Residents requiring restraints.	43	32.1	41.2	41.3
Confused or disoriented residents.	61	45.5	58.8	58.4
Residents with bed sores.	4	3.0	5.2	7.1
Residents receiving special skin care.	15	11.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEDGEWOOD NURSING CARE CENTER

Street Address: 87 HERRICK STREET		**City and State:** BEVERLY MA 01915	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
121	0	89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	80.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	97	80.2	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	83	68.6	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	75.2	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	62.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	6	5.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	94	77.7	34.6	37.7
Completely bedfast residents.	2	1.7	1.9	3.4
Residents confined to chairs.	26	21.5	41.4	50.8
Residents requiring restraints.	51	42.1	41.2	41.3
Confused or disoriented residents.	73	60.3	58.8	58.4
Residents with bed sores.	8	6.6	5.2	7.1
Residents receiving special skin care.	50	41.3	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LEDGEWOOD NURSING CENTER

Street Address: 87 HERRICK STREET	**City and State:** BEVERLY MA 01915

Participation: MEDICAID SNF/ICF	**# of Beds:** 122	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 121	**Medicare Residents:** 0	**Medicaid Residents:** 89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	80.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	97	80.2	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	83	68.6	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	75.2	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	62.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	6	5.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	94	77.7	34.6	37.7
Completely bedfast residents.	2	1.7	1.9	3.4
Residents confined to chairs.	26	21.5	41.4	50.8
Residents requiring restraints.	51	42.1	41.2	41.3
Confused or disoriented residents.	73	60.3	58.8	58.4
Residents with bed sores.	8	6.6	5.2	7.1
Residents receiving special skin care.	50	41.3	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDIPLEX OF BEVERLY

Street Address: 265 ESSEX ST	**City and State:** BEVERLY MA 01915

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 190	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 184	**Medicare Residents:** 0	**Medicaid Residents:** 150

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	128	69.6	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	156	84.8	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	119	64.7	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	122	66.3	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	103	56.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	26.1	34.6	37.7
Completely bedfast residents.	1	0.5	1.9	3.4
Residents confined to chairs.	39	21.2	41.4	50.8
Residents requiring restraints.	79	42.9	41.2	41.3
Confused or disoriented residents.	116	63.0	58.8	58.4
Residents with bed sores.	8	4.3	5.2	7.1
Residents receiving special skin care.	88	47.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRY VIEW NURSING HOME

Street Address: 80 BOSTON RD, ROUTE 3A	**City and State:** BILLERICA MA 01821

Participation: MEDICAID ICF	**# of Beds:** 121	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 0	**Medicaid Residents:** 94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	57.1	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	99	83.2	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	47	39.5	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	100	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	39.5	45.5	59.1
Residents on individually written bowel and bladder retraining program.	1	0.8	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	10.9	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	29	24.4	15.3	39.1
Residents requiring restraints.	23	19.3	17.4	31.7
Confused or disoriented residents.	30	25.2	48.8	55.8
Residents with bed sores.	6	5.0	2.4	4.7
Residents receiving special skin care.	41	34.5	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BLACKSTONE NURSING HOME

Street Address: BUTLER ST		**City and State:** BLACKSTONE MA 01504	
Participation: MEDICAID ICF	**# of Beds:** 33	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
33	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	75.8	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	19	57.6	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	14	42.4	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	54.5	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	57.6	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	18.2	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	6	18.2	15.3	39.1
Residents requiring restraints.	11	33.3	17.4	31.7
Confused or disoriented residents.	23	69.7	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	6	18.2	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARMENIAN N H

Street Address: 431 POND ST	**City and State:** BOSTON MA 02130

Participation: MEDICAID SNF/ICF	**# of Beds:** 83	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	**Medicare Residents:** 0	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	80.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	65	78.3	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	51	61.4	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	69.9	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	59.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	24.1	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	21	25.3	41.4	50.8
Residents requiring restraints.	28	33.7	41.2	41.3
Confused or disoriented residents.	46	55.4	58.8	58.4
Residents with bed sores.	6	7.2	5.2	7.1
Residents receiving special skin care.	17	20.5	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHETWYNDE NURSING HOME

Street Address: 1660 WASHINGTON ST		**City and State:** BOSTON MA 02165	
Participation: MEDICAID SNF/ICF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
75	0	42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	39	52.0	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	63	84.0	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	50	66.7	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	64.0	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	56.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	4.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	22.7	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	14	18.7	41.4	50.8
Residents requiring restraints.	30	40.0	41.2	41.3
Confused or disoriented residents.	37	49.3	58.8	58.4
Residents with bed sores.	1	1.3	5.2	7.1
Residents receiving special skin care.	45	60.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CIRCLE MANOR NURSING HOME

Street Address: 29 CHESTNUT HIL AVE		**City and State:** BOSTON MA 02135	
Participation: MEDICAID ICF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
62	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	95.2	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	15	24.2	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	5	8.1	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	8.1	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	16.1	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	1.6	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	15.3	39.1
Residents requiring restraints.	0	0.0	17.4	31.7
Confused or disoriented residents.	28	45.2	48.8	55.8
Residents with bed sores.	1	1.6	2.4	4.7
Residents receiving special skin care.	11	17.7	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EDGEWOOD CONV HME

Street Address: 637 WASHINGTON ST	**City and State:** BOSTON MA 02124

Participation: MEDICAID SNF/ICF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	84	86.6	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	85	87.6	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	76.3	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	78.4	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	70.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	14	14.4	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	33	34.0	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	35	36.1	41.4	50.8
Residents requiring restraints.	37	38.1	41.2	41.3
Confused or disoriented residents.	71	73.2	58.8	58.4
Residents with bed sores.	7	7.2	5.2	7.1
Residents receiving special skin care.	39	40.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELM HILL NURSING HOME

Street Address: 237-241 WALNUT ST	**City and State:** BOSTON MA 02119

Participation: MEDICAID ICF	**# of Beds:** 53	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	64.0	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	39	78.0	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	32	64.0	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	54.0	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	42.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	7	14.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	10.0	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	3	6.0	15.3	39.1
Residents requiring restraints.	5	10.0	17.4	31.7
Confused or disoriented residents.	20	40.0	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	9	18.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANK WOOD CONVAL HOME

Street Address: 1135 MORTON ST	**City and State:** BOSTON MA 02126

Participation: MEDICAID SNF	**# of Beds:** 62	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 61	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	90.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	56	91.8	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	56	91.8	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	91.8	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	83.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	3.3	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	24.6	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	29	47.5	41.4	50.8
Residents requiring restraints.	31	50.8	41.2	41.3
Confused or disoriented residents.	48	78.7	58.8	58.4
Residents with bed sores.	4	6.6	5.2	7.1
Residents receiving special skin care.	27	44.3	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GRAMPIAN NURSING HOME

Street Address: 33 GRAMPIAN WAY		**City and State:** BOSTON MA 02125	
Participation: MEDICAID ICF	**# of Beds:** 26	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
25	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	64.0	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	23	92.0	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	14	56.0	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	56.0	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	68.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	9	36.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	8.0	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	4.0	15.3	39.1
Residents requiring restraints.	8	32.0	17.4	31.7
Confused or disoriented residents.	21	84.0	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	0	0.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HYDE PARK CONV HOME

Street Address: 113 CENTRAL AVE	**City and State:** BOSTON MA 02136

Participation: MEDICAID SNF/ICF	**# of Beds:** 53	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	34	64.2	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	40	75.5	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	37	69.8	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	64.2	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	34	64.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	5.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	30.2	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	13	24.5	41.4	50.8
Residents requiring restraints.	23	43.4	41.2	41.3
Confused or disoriented residents.	35	66.0	58.8	58.4
Residents with bed sores.	1	1.9	5.2	7.1
Residents receiving special skin care.	35	66.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LTC AT NEPONSET-NEPONSET HALL

Street Address: 35 COFFEY ST		**City and State:** BOSTON MA 02122	
Participation: MEDICAID ICF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	0	89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	78.6	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	63	64.3	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	58	59.2	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	63.3	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	73.5	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	9.2	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	12	12.2	15.3	39.1
Residents requiring restraints.	28	28.6	17.4	31.7
Confused or disoriented residents.	33	33.7	48.8	55.8
Residents with bed sores.	1	1.0	2.4	4.7
Residents receiving special skin care.	27	27.6	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARIAN MANOR NH

Street Address: 130 DORCHESTER ST	**City and State:** BOSTON MA 02127

Participation: MEDICAID SNF/ICF	**# of Beds:** 376	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 372	**Medicare Residents:** 0	**Medicaid Residents:** 266

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	268	72.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	235	63.2	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	201	54.0	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	372	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	187	50.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	85	22.8	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	114	30.6	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	59	15.9	41.4	50.8
Residents requiring restraints.	164	44.1	41.2	41.3
Confused or disoriented residents.	203	54.6	58.8	58.4
Residents with bed sores.	5	1.3	5.2	7.1
Residents receiving special skin care.	55	14.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILTON VIEW N H

Street Address: 150 RIVER ST	**City and State:** BOSTON MA 02126

Participation: MEDICAID ICF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	69.5	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	40	67.8	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	27	45.8	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	52.5	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	66.1	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	13.6	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	9	15.3	15.3	39.1
Residents requiring restraints.	12	20.3	17.4	31.7
Confused or disoriented residents.	32	54.2	48.8	55.8
Residents with bed sores.	1	1.7	2.4	4.7
Residents receiving special skin care.	22	37.3	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEW MEDICO REHAB & SKILLED NSG CTR

Street Address: 910 SARATOGA ST	**City and State:** BOSTON MA 02128

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	**Medicare Residents:** 0	**Medicaid Residents:** 106

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	59.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	77	72.6	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	37	34.9	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	45.3	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	48.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	12	11.3	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	12.3	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	24	22.6	41.4	50.8
Residents requiring restraints.	16	15.1	41.2	41.3
Confused or disoriented residents.	41	38.7	58.8	58.4
Residents with bed sores.	2	1.9	5.2	7.1
Residents receiving special skin care.	19	17.9	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEWTON CONV HOME

Street Address: 25ARMORY ST	**City and State:** BOSTON MA 02165

Participation: MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
115	0	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	111	96.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	97	84.3	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	92	80.0	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	115	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	99	86.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	4	3.5	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	28.7	34.6	37.7
Completely bedfast residents.	1	0.9	1.9	3.4
Residents confined to chairs.	58	50.4	41.4	50.8
Residents requiring restraints.	45	39.1	41.2	41.3
Confused or disoriented residents.	69	60.0	58.8	58.4
Residents with bed sores.	6	5.2	5.2	7.1
Residents receiving special skin care.	43	37.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTH END COMM N H

Street Address: 70 FULTON ST		**City and State:** BOSTON MA 02109	
Participation: MEDICAID SNF/ICF	**# of Beds:** 140	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 140	**Medicare Residents:** 0	**Medicaid Residents:** 133

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	111	79.3	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	114	81.4	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	67.1	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	140	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	49.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	15.7	34.6	37.7
Completely bedfast residents.	1	0.7	1.9	3.4
Residents confined to chairs.	23	16.4	41.4	50.8
Residents requiring restraints.	51	36.4	41.2	41.3
Confused or disoriented residents.	108	77.1	58.8	58.4
Residents with bed sores.	9	6.4	5.2	7.1
Residents receiving special skin care.	25	17.9	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OCEANSIDE NURSING HOME

Street Address: 445 QUINCY SHORE DR

City and State: BOSTON MA 02171

Participation: MEDICAID ICF

# of Beds: 23

Type of Ownership: PROPRIETARY

Survey Date: 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23

Medicare Residents: 0

Medicaid Residents: 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	4	17.4	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	16	69.6	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	9	39.1	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	100	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	47.8	45.5	59.1
Residents on individually written bowel and bladder retraining program.	3	13.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	13.0	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	5	21.7	15.3	39.1
Residents requiring restraints.	1	4.3	17.4	31.7
Confused or disoriented residents.	4	17.4	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	19	82.6	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROGERSON HOUSE

Street Address: 434 JAMAICAWAY	**City and State:** BOSTON MA 02130

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	56	NON-PROFIT PRIVATE	02/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
16	0	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	18.8	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	4	25.0	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	6.3	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	12.5	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	6.3	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	6.3	15.3	39.1
Residents requiring restraints.	0	0.0	17.4	31.7
Confused or disoriented residents.	5	31.3	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	1	6.3	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHERRILL HOUSE

Street Address: 135 S HUNTINGTON AVE	**City and State:** BOSTON MA 02130

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 164	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 161	**Medicare Residents:** 3	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	117	72.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	123	76.4	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	138	85.7	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	65.8	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	49.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	24.2	34.6	37.7
Completely bedfast residents.	2	1.2	1.9	3.4
Residents confined to chairs.	60	37.3	41.4	50.8
Residents requiring restraints.	45	28.0	41.2	41.3
Confused or disoriented residents.	83	51.6	58.8	58.4
Residents with bed sores.	5	3.1	5.2	7.1
Residents receiving special skin care.	68	42.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTH COVE MANOR NURSING

Street Address: 120 SHAWMUT AVENUE	**City and State:** BOSTON MA 02118

Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	92.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	75	75.8	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	62	62.6	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	56.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	19.2	34.6	37.7
Completely bedfast residents.	1	1.0	1.9	3.4
Residents confined to chairs.	50	50.5	41.4	50.8
Residents requiring restraints.	25	25.3	41.2	41.3
Confused or disoriented residents.	53	53.5	58.8	58.4
Residents with bed sores.	8	8.1	5.2	7.1
Residents receiving special skin care.	45	45.5	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STADIUM MANOR N H

Street Address: 462 WALNUT AVE	**City and State:** BOSTON MA 02130

Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 108	**Medicare Residents:** 0	**Medicaid Residents:** 106

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	43.5	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	51	47.2	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	14	13.0	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	15.7	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	26.9	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	33	30.6	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	6	5.6	15.3	39.1
Residents requiring restraints.	5	4.6	17.4	31.7
Confused or disoriented residents.	5	4.6	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	27	25.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STONEHEDGE CONVALESCENT CENTER, INC

Street Address: 5 REDLANDS RD		**City and State:** BOSTON MA 02132	
Participation: MEDICAID SNF/ICF	**# of Beds:** 79	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
77	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	71.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	58	75.3	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	51	66.2	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	63.6	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	64.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	4	5.2	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	14.3	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	20	26.0	41.4	50.8
Residents requiring restraints.	18	23.4	41.2	41.3
Confused or disoriented residents.	23	29.9	58.8	58.4
Residents with bed sores.	1	1.3	5.2	7.1
Residents receiving special skin care.	10	13.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAPE COD NURS RET HOME

Street Address: LEWIS POINT		**City and State:** BOURNE MA 02532	
Participation: MEDICAID ICF	**# of Beds:** 97	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
93	0	57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	70	75.3	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	78	83.9	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	65	69.9	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	72.0	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	75.3	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	33	35.5	16.1	29.3
Completely bedfast residents.	2	2.2	0.6	3.6
Residents confined to chairs.	15	16.1	15.3	39.1
Residents requiring restraints.	37	39.8	17.4	31.7
Confused or disoriented residents.	65	69.9	48.8	55.8
Residents with bed sores.	4	4.3	2.4	4.7
Residents receiving special skin care.	26	28.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRAINTREE MANOR REHAB & NURSING CENTER

Street Address: 1102 WASHINGTON STREET		**City and State:** BRAINTREE MA 02184	
Participation: MEDICAID SNF	**# of Beds:** 192	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 141	**Medicare Residents:** 0	**Medicaid Residents:** 117

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	124	87.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	137	97.2	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	130	92.2	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	92.9	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	123	87.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.4	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	27.7	34.6	37.7
Completely bedfast residents.	2	1.4	1.9	3.4
Residents confined to chairs.	57	40.4	41.4	50.8
Residents requiring restraints.	71	50.4	41.2	41.3
Confused or disoriented residents.	89	63.1	58.8	58.4
Residents with bed sores.	8	5.7	5.2	7.1
Residents receiving special skin care.	60	42.6	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELIHU WHITE NURS AND REHAB CENTER

Street Address: 95 COMMERCIAL ST	**City and State:** BRAINTREE MA 02184

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 192	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 189	**Medicare Residents:** 0	**Medicaid Residents:** 108

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	155	82.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	147	77.8	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	130	68.8	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	147	77.8	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	107	56.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	19.6	34.6	37.7
Completely bedfast residents.	1	0.5	1.9	3.4
Residents confined to chairs.	57	30.2	41.4	50.8
Residents requiring restraints.	55	29.1	41.2	41.3
Confused or disoriented residents.	100	52.9	58.8	58.4
Residents with bed sores.	3	1.6	5.2	7.1
Residents receiving special skin care.	34	18.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANKLIN NURSING HOME

Street Address: 149 FRANKLIN ST		**City and State:** BRAINTREE MA 02184	
Participation: MEDICAID ICF	**# of Beds:** 27	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
27	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	74.1	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	20	74.1	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	12	44.4	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	40.7	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	55.6	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	33.3	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	3.7	15.3	39.1
Residents requiring restraints.	3	11.1	17.4	31.7
Confused or disoriented residents.	15	55.6	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	1	3.7	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANVALE N H

Street Address: 20 POND ST		**City and State:** BRAINTREE MA 02184	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 91	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
71	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	95.8	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	95.8	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	95.8	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	95.8	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	57.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	40	56.3	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	8	11.3	41.4	50.8
Residents requiring restraints.	45	63.4	41.2	41.3
Confused or disoriented residents.	45	63.4	58.8	58.4
Residents with bed sores.	1	1.4	5.2	7.1
Residents receiving special skin care.	14	19.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLLINGSWORTH HSE N AND R HME

Street Address: 1120 WASHINGTON ST		**City and State:** BRAINTREE MA 02184	
Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
112	0	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	71.4	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	50	44.6	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	30	26.8	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	44.6	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	27.7	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	2.7	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	10	8.9	15.3	39.1
Residents requiring restraints.	0	0.0	17.4	31.7
Confused or disoriented residents.	29	25.9	48.8	55.8
Residents with bed sores.	1	0.9	2.4	4.7
Residents receiving special skin care.	5	4.5	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JOHN SCOTT HSE NRSG+REHAB CTR

Street Address: 233 MIDDLE ST	**City and State:** BRAINTREE MA 02184

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 200	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 190	**Medicare Residents:** 0	**Medicaid Residents:** 129

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	154	81.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	170	89.5	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	174	91.6	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	172	90.5	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	155	81.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	60	31.6	34.6	37.7
Completely bedfast residents.	1	0.5	1.9	3.4
Residents confined to chairs.	52	27.4	41.4	50.8
Residents requiring restraints.	92	48.4	41.2	41.3
Confused or disoriented residents.	128	67.4	58.8	58.4
Residents with bed sores.	1	0.5	5.2	7.1
Residents receiving special skin care.	47	24.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RESTHAVEN N H

Street Address: 155 QUINCY AVE		**City and State:** BRAINTREE MA 02184	
Participation: MEDICAID SNF/ICF	**# of Beds:** 73	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 0	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	86.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	56	82.4	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	56	82.4	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	75.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	4.4	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	42.6	34.6	37.7
Completely bedfast residents.	1	1.5	1.9	3.4
Residents confined to chairs.	34	50.0	41.4	50.8
Residents requiring restraints.	24	35.3	41.2	41.3
Confused or disoriented residents.	60	88.2	58.8	58.4
Residents with bed sores.	4	5.9	5.2	7.1
Residents receiving special skin care.	18	26.5	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BREWSTER MANOR NURS RET HOME

Street Address: 873 HARWICH RD	**City and State:** BREWSTER MA 02631

Participation: MEDICAID SNF/ICF	**# of Beds:** 203	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 196	**Medicare Residents:** 0	**Medicaid Residents:** 130

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	165	84.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	169	86.2	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	143	73.0	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	160	81.6	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	140	71.4	70.5	68.2
Residents on individually written bowel and bladder retraining program.	13	6.6	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	47	24.0	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	76	38.8	41.4	50.8
Residents requiring restraints.	118	60.2	41.2	41.3
Confused or disoriented residents.	102	52.0	58.8	58.4
Residents with bed sores.	5	2.6	5.2	7.1
Residents receiving special skin care.	53	27.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRIDGEWATER NURSING HOME

Street Address: 16 PLEASANT ST		**City and State:** BRIDGEWATER MA 02324	
Participation: MEDICAID ICF	**# of Beds:** 43	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
43	0	34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	23.3	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	35	81.4	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	34	79.1	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	79.1	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	74.4	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	28	65.1	16.1	29.3
Completely bedfast residents.	1	2.3	0.6	3.6
Residents confined to chairs.	26	60.5	15.3	39.1
Residents requiring restraints.	19	44.2	17.4	31.7
Confused or disoriented residents.	29	67.4	48.8	55.8
Residents with bed sores.	1	2.3	2.4	4.7
Residents receiving special skin care.	32	74.4	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENERY REHAB.G&HSKILLED NSG. CTR.

Street Address: 99-111 CHESNTUT HILL AVE		**City and State:** BRIGHTON MA 02135	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 201	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
190	1	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	166	87.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	171	90.0	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	169	88.9	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	167	87.9	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	158	83.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	6	3.2	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	141	74.2	34.6	37.7
Completely bedfast residents.	4	2.1	1.9	3.4
Residents confined to chairs.	168	88.4	41.4	50.8
Residents requiring restraints.	139	73.2	41.2	41.3
Confused or disoriented residents.	128	67.4	58.8	58.4
Residents with bed sores.	23	12.1	5.2	7.1
Residents receiving special skin care.	134	70.5	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKWOOD L.T.C. CENTER

Street Address: 142 BIGEIOW ST		**City and State:** BRIGHTON MA 02135	
Participation: MEDICAID ICF	**# of Beds:** 143	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
142	0	128

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	107	75.4	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	102	71.8	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	50	35.2	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	64.1	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	50.7	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	17.6	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	32	22.5	15.3	39.1
Residents requiring restraints.	20	14.1	17.4	31.7
Confused or disoriented residents.	74	52.1	48.8	55.8
Residents with bed sores.	3	2.1	2.4	4.7
Residents receiving special skin care.	68	47.9	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PRESENTATION MANOR NURSING HOME

Street Address: 10 BELLAMY ST		**City and State:** BRIGHTON MA 02135	
Participation: MEDICAID SNF/ICF	**# of Beds:** 122	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
121	0	99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	71.9	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	98	81.0	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	88	72.7	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	75.2	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	80	66.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	23	19.0	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	38	31.4	41.4	50.8
Residents requiring restraints.	41	33.9	41.2	41.3
Confused or disoriented residents.	100	82.6	58.8	58.4
Residents with bed sores.	7	5.8	5.2	7.1
Residents receiving special skin care.	70	57.9	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PROVIDENT N H

Street Address: 1501 COMMONWEALTH AVE	**City and State:** BRIGHTON MA 02135

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 0	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	46	61.3	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	72	96.0	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	28	37.3	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	74.7	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	21.3	45.5	59.1
Residents on individually written bowel and bladder retraining program.	16	21.3	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	14	18.7	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	3	4.0	15.3	39.1
Residents requiring restraints.	3	4.0	17.4	31.7
Confused or disoriented residents.	25	33.3	48.8	55.8
Residents with bed sores.	2	2.7	2.4	4.7
Residents receiving special skin care.	13	17.3	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRAEMOOR N H

Street Address: 34 N PEARL ST		**City and State:** BROCKTON MA 02401	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
115	1	73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	67.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	91	79.1	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	82	71.3	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	71.3	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	59.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	13	11.3	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	25.2	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	55	47.8	41.4	50.8
Residents requiring restraints.	42	36.5	41.2	41.3
Confused or disoriented residents.	66	57.4	58.8	58.4
Residents with bed sores.	3	2.6	5.2	7.1
Residents receiving special skin care.	75	65.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROCKTON RIDGE LTC-CENTER

Street Address: 130 QUINCY AVE	**City and State:** BROCKTON MA 02402

Participation: MEDICAID SNF/ICF	**# of Beds:** 125	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 0	**Medicaid Residents:** 92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	97.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	70	74.5	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	67	71.3	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	66.0	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	62.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	11	11.7	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	20.2	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	21	22.3	41.4	50.8
Residents requiring restraints.	32	34.0	41.2	41.3
Confused or disoriented residents.	37	39.4	58.8	58.4
Residents with bed sores.	4	4.3	5.2	7.1
Residents receiving special skin care.	52	55.3	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROCKWOOD HEALTH CARE NURSING HOME

Street Address: 227 WEST ELM ST		**City and State:** BROCKTON MA 02401	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
49	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	75.5	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	37	75.5	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	16	32.7	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	51.0	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	44.9	45.5	59.1
Residents on individually written bowel and bladder retraining program.	3	6.1	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	18.4	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	5	10.2	15.3	39.1
Residents requiring restraints.	8	16.3	17.4	31.7
Confused or disoriented residents.	5	10.2	48.8	55.8
Residents with bed sores.	2	4.1	2.4	4.7
Residents receiving special skin care.	10	20.4	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EMBASSY HOUSE HLTH CARE N H

Street Address: 2 BEAUMONT AVE		**City and State:** BROCKTON MA 02402	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
122	0	104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	64.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	99	81.1	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	77	63.1	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	70.5	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	68.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	34	27.9	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	25.4	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	55	45.1	41.4	50.8
Residents requiring restraints.	56	45.9	41.2	41.3
Confused or disoriented residents.	73	59.8	58.8	58.4
Residents with bed sores.	9	7.4	5.2	7.1
Residents receiving special skin care.	44	36.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREEN OAK NURSING HOME

Street Address: 947 N MAIN ST	**City and State:** BROCKTON MA 02401

Participation: MEDICAID ICF	**# of Beds:** 83	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 81	**Medicare Residents:** 0	**Medicaid Residents:** 81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	75.3	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	56	69.1	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	33	40.7	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	39.5	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	30.9	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	2.5	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	7	8.6	15.3	39.1
Residents requiring restraints.	5	6.2	17.4	31.7
Confused or disoriented residents.	29	35.8	48.8	55.8
Residents with bed sores.	1	1.2	2.4	4.7
Residents receiving special skin care.	3	3.7	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LUTHERAN HOME OF BROCKTON INC

Street Address: 888 N MAIN ST	**City and State:** BROCKTON MA 02401

Participation: MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 0	**Medicaid Residents:** 83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	101	84.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	108	90.8	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	99	83.2	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	80.7	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	96	80.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	31.9	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	43	36.1	41.4	50.8
Residents requiring restraints.	69	58.0	41.2	41.3
Confused or disoriented residents.	82	68.9	58.8	58.4
Residents with bed sores.	5	4.2	5.2	7.1
Residents receiving special skin care.	26	21.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MADALAWN NURSING HOME

Street Address: 1330 MAIN ST		**City and State:** BROCKTON MA 02401	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
46	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	65.2	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	30	65.2	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	30	65.2	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	43.5	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	30	65.2	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	28.3	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	8	17.4	15.3	39.1
Residents requiring restraints.	16	34.8	17.4	31.7
Confused or disoriented residents.	17	37.0	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	4	8.7	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REGENT PARK LONG TERM CARE CENTER

Street Address: 41 LIBBY ST	**City and State:** BROCKTON MA 02402

Participation: MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	**Medicare Residents:** 0	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	75.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	59	71.1	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	42	50.6	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	45.8	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	48.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	28.9	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	12	14.5	41.4	50.8
Residents requiring restraints.	24	28.9	41.2	41.3
Confused or disoriented residents.	37	44.6	58.8	58.4
Residents with bed sores.	4	4.8	5.2	7.1
Residents receiving special skin care.	47	56.6	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOSEPHS MANOR

Street Address: 261 THATCHER ST	**City and State:** BROCKTON MA 02402

Participation: MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 0	**Medicaid Residents:** 89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	85	73.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	90	78.3	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	69	60.0	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	84.3	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	50.4	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	33.0	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	60	52.2	41.4	50.8
Residents requiring restraints.	54	47.0	41.2	41.3
Confused or disoriented residents.	72	62.6	58.8	58.4
Residents with bed sores.	5	4.3	5.2	7.1
Residents receiving special skin care.	45	39.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEST ACRES NURSING HOME

Street Address: 804 PLEASANT ST	**City and State:** BROCKTON MA 02401

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 126	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 121	**Medicare Residents:** 0	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	108	89.3	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	114	94.2	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	112	92.6	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	74.4	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	96	79.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	44	36.4	34.6	37.7
Completely bedfast residents.	1	0.8	1.9	3.4
Residents confined to chairs.	39	32.2	41.4	50.8
Residents requiring restraints.	49	40.5	41.2	41.3
Confused or disoriented residents.	77	63.6	58.8	58.4
Residents with bed sores.	5	4.1	5.2	7.1
Residents receiving special skin care.	51	42.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODRIDGE HOUSE NURSING HOME

Street Address: 596 SUMMER ST		**City and State:** BROCKTON MA 02402	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 125	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 123	**Medicare Residents:** 0	**Medicaid Residents:** 110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	112	91.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	103	83.7	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	63	51.2	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	94.3	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	71.5	70.5	68.2
Residents on individually written bowel and bladder retraining program.	6	4.9	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	20.3	34.6	37.7
Completely bedfast residents.	2	1.6	1.9	3.4
Residents confined to chairs.	84	68.3	41.4	50.8
Residents requiring restraints.	35	28.5	41.2	41.3
Confused or disoriented residents.	49	39.8	58.8	58.4
Residents with bed sores.	9	7.3	5.2	7.1
Residents receiving special skin care.	85	69.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHAMBERLAIN NURSING HOME

Street Address: 123 GARDNER RD	**City and State:** BROOKLINE MA 02146

Participation: MEDICAID ICF	**# of Beds:** 27	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 27	**Medicare Residents:** 0	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	85.2	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	16	59.3	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	4	14.8	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	44.4	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	29.6	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	3.7	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	3.7	15.3	39.1
Residents requiring restraints.	0	0.0	17.4	31.7
Confused or disoriented residents.	16	59.3	48.8	55.8
Residents with bed sores.	2	7.4	2.4	4.7
Residents receiving special skin care.	8	29.6	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COOLIDGE CORNER CONVALESCENT CTR

Street Address: 30 WEBSTER STREET		**City and State:** BROOKLINE MA 02146	
Participation: MEDICAID SNF/ICF	**# of Beds:** 210	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
196	0	116

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	160	81.6	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	158	80.6	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	96	49.0	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	61.7	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	124	63.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.5	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	19.4	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	58	29.6	41.4	50.8
Residents requiring restraints.	49	25.0	41.2	41.3
Confused or disoriented residents.	115	58.7	58.8	58.4
Residents with bed sores.	10	5.1	5.2	7.1
Residents receiving special skin care.	24	12.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COREY HILL NURSING HOME

Street Address: 249 COREY RD	**City and State:** BROOKLINE MA 02146

Participation: MEDICAID ICF	**# of Beds:** 43	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 43	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	42	97.7	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	39	90.7	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	29	67.4	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	90.7	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	93.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	30.2	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	3	7.0	15.3	39.1
Residents requiring restraints.	0	0.0	17.4	31.7
Confused or disoriented residents.	41	95.3	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	5	11.6	22.6	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARK MARION NURSING CENTER

Street Address: 99 PARK STREET	**City and State:** BROOKLINE MA 02146

Participation: MEDICAID SNF	**# of Beds:** 120	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	80.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	81	88.0	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	69	75.0	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	72.8	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	68.5	70.5	68.2
Residents on individually written bowel and bladder retraining program.	11	12.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	37.0	34.6	37.7
Completely bedfast residents.	1	1.1	1.9	3.4
Residents confined to chairs.	19	20.7	41.4	50.8
Residents requiring restraints.	47	51.1	41.2	41.3
Confused or disoriented residents.	70	76.1	58.8	58.4
Residents with bed sores.	7	7.6	5.2	7.1
Residents receiving special skin care.	62	67.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAMBRIDGE NURSING HOME

Street Address: 1 RUSSELL ST	**City and State:** CAMBRIDGE MA 02140

Participation: MEDICAID SNF/ICF	**# of Beds:** 119	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 117	**Medicare Residents:** 0	**Medicaid Residents:** 102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	53.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	82	70.1	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	69	59.0	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	67.5	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	59.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	13	11.1	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	19.7	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	44	37.6	41.4	50.8
Residents requiring restraints.	42	35.9	41.2	41.3
Confused or disoriented residents.	60	51.3	58.8	58.4
Residents with bed sores.	6	5.1	5.2	7.1
Residents receiving special skin care.	45	38.5	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CANTABRIDGIA HEALTHCARE NSG FAC INC

Street Address: 195 PROSPECT ST		**City and State:** CAMBRIDGE MA 02139	
Participation: MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	58	58.6	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	92	92.9	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	77	77.8	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	75.8	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	74	74.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	7	7.1	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	49	49.5	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	54	54.5	41.4	50.8
Residents requiring restraints.	49	49.5	41.2	41.3
Confused or disoriented residents.	65	65.7	58.8	58.4
Residents with bed sores.	2	2.0	5.2	7.1
Residents receiving special skin care.	24	24.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARVARD MANOR NURSING HOME

Street Address: 273 HARVARD ST	**City and State:** CAMBRIDGE MA 02139

Participation: MEDICAID ICF	**# of Beds:** 95	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 0	**Medicaid Residents:** 82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	89.8	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	53	60.2	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	37	42.0	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	73.9	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	47	53.4	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	12.5	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	15	17.0	15.3	39.1
Residents requiring restraints.	34	38.6	17.4	31.7
Confused or disoriented residents.	50	56.8	48.8	55.8
Residents with bed sores.	2	2.3	2.4	4.7
Residents receiving special skin care.	34	38.6	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAYOR MICHAEL J NEVILLE MANOR

Street Address: 650 CONCORD AVE	**City and State:** CAMBRIDGE MA 02138

Participation: MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 08/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 174	**Medicare Residents:** 0	**Medicaid Residents:** 166

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	169	97.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	157	90.2	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	158	90.8	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	149	85.6	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	137	78.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	10	5.7	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	95	54.6	34.6	37.7
Completely bedfast residents.	1	0.6	1.9	3.4
Residents confined to chairs.	86	49.4	41.4	50.8
Residents requiring restraints.	71	40.8	41.2	41.3
Confused or disoriented residents.	116	66.7	58.8	58.4
Residents with bed sores.	12	6.9	5.2	7.1
Residents receiving special skin care.	85	48.9	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE JANE ELIZABETH HOUSE NSG HOME

Street Address: 6 PRENTISS ST		**City and State:** CAMBRIDGE MA 02140	
Participation: MEDICAID ICF	**# of Beds:** 53	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
49	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	81.6	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	40	81.6	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	24	49.0	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	51.0	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	38.8	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	20.4	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	6	12.2	15.3	39.1
Residents requiring restraints.	8	16.3	17.4	31.7
Confused or disoriented residents.	43	87.8	48.8	55.8
Residents with bed sores.	3	6.1	2.4	4.7
Residents receiving special skin care.	49	100	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VERNON HALL NURSING HOME

Street Address: 8 DANA ST		**City and State:** CAMBRIDGE MA 02138	
Participation: MEDICAID SNF/ICF	**# of Beds:** 83	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
79	0	60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	97.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	76	96.2	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	66	83.5	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	83.5	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	73.4	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	24.1	34.6	37.7
Completely bedfast residents.	20	25.3	1.9	3.4
Residents confined to chairs.	11	13.9	41.4	50.8
Residents requiring restraints.	35	44.3	41.2	41.3
Confused or disoriented residents.	58	73.4	58.8	58.4
Residents with bed sores.	5	6.3	5.2	7.1
Residents receiving special skin care.	8	10.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HELLENIC N H FOR THE AGED

Street Address: 601 SHERMAN ST		**City and State:** CANTON MA 02021	
Participation: MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
158	0	133

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	132	83.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	142	89.9	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	121	76.6	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	121	76.6	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	126	79.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	4	2.5	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	36.1	34.6	37.7
Completely bedfast residents.	2	1.3	1.9	3.4
Residents confined to chairs.	53	33.5	41.4	50.8
Residents requiring restraints.	92	58.2	41.2	41.3
Confused or disoriented residents.	118	74.7	58.8	58.4
Residents with bed sores.	8	5.1	5.2	7.1
Residents receiving special skin care.	18	11.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MASS HOSPITAL SCHOOL SNF

Street Address: 3 RANDOLPH ST	**City and State:** CANTON MA 02021

Participation: MEDICAID SNF	**# of Beds:** 78	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 12/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 0	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	83.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	57	77.0	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	64	86.5	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	78.4	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	74.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	24	32.4	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	39.2	34.6	37.7
Completely bedfast residents.	1	1.4	1.9	3.4
Residents confined to chairs.	65	87.8	41.4	50.8
Residents requiring restraints.	67	90.5	41.2	41.3
Confused or disoriented residents.	3	4.1	58.8	58.4
Residents with bed sores.	2	2.7	5.2	7.1
Residents receiving special skin care.	54	73.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAPE REGENCY NURSING HOME

Street Address:	**City and State:**
120 SOUTH MAIN ST	CENTERVILLE MA 02630

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	120	PROPRIETARY	03/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
116	0	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	100	86.2	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	109	94.0	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	97	83.6	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	86.2	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	68.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	38	32.8	34.6	37.7
Completely bedfast residents.	6	5.2	1.9	3.4
Residents confined to chairs.	91	78.4	41.4	50.8
Residents requiring restraints.	77	66.4	41.2	41.3
Confused or disoriented residents.	82	70.7	58.8	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	79	68.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTERVILLE NURSING HOME

Street Address: 22 RICHARDSON RD	**City and State:** CENTERVILLE MA 02632

Participation: MEDICAID SNF/ICF	**# of Beds:** 115	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	**Medicare Residents:** 0	**Medicaid Residents:** 87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	89.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	99	90.8	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	98	89.9	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	89.9	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	95	87.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	4	3.7	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	36.7	34.6	37.7
Completely bedfast residents.	1	0.9	1.9	3.4
Residents confined to chairs.	67	61.5	41.4	50.8
Residents requiring restraints.	71	65.1	41.2	41.3
Confused or disoriented residents.	73	67.0	58.8	58.4
Residents with bed sores.	4	3.7	5.2	7.1
Residents receiving special skin care.	43	39.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MASONIC HOME

Street Address: MASONIC HOME ROAD	**City and State:** CHARLTON MA 01507

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	169	NON-PROFIT OTHER	01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
84	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	56.0	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	48	57.1	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	43	51.2	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	56.0	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	53.6	45.5	59.1
Residents on individually written bowel and bladder retraining program.	4	4.8	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	3.6	16.1	29.3
Completely bedfast residents.	1	1.2	0.6	3.6
Residents confined to chairs.	8	9.5	15.3	39.1
Residents requiring restraints.	22	26.2	17.4	31.7
Confused or disoriented residents.	9	10.7	48.8	55.8
Residents with bed sores.	2	2.4	2.4	4.7
Residents receiving special skin care.	37	44.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LIBERTY COMMONS NURSING HOME

Street Address: 390 ORLEANS ROAD		**City and State:** CHATHAM MA 02650	
Participation: MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	0	46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	71.3	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	64	68.1	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	63	67.0	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	60.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	20	21.3	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	37	39.4	41.4	50.8
Residents requiring restraints.	21	22.3	41.2	41.3
Confused or disoriented residents.	63	67.0	58.8	58.4
Residents with bed sores.	7	7.4	5.2	7.1
Residents receiving special skin care.	44	46.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PALM MANOR NRG HME INC

Street Address: 40 PARKHVRST RD	**City and State:** CHELMSFORD MA 01824

Participation: MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	**Medicare Residents:** 0	**Medicaid Residents:** 75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	98	84.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	95	81.9	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	74	63.8	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	74.1	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	51.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	6	5.2	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	12.1	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	37	31.9	41.4	50.8
Residents requiring restraints.	39	33.6	41.2	41.3
Confused or disoriented residents.	73	62.9	58.8	58.4
Residents with bed sores.	5	4.3	5.2	7.1
Residents receiving special skin care.	54	46.6	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNNY ACRES NURSING HOME

Street Address: 254 BILLERICA ROAD	**City and State:** CHELMSFORD MA 01824

Participation: MEDICAID SNF/ICF	**# of Beds:** 81	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	**Medicare Residents:** 0	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	49	62.0	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	55	69.6	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	37	46.8	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	54.4	70.5	68.2
Residents on individually written bowel and bladder retraining program.	17	21.5	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	19.0	34.6	37.7
Completely bedfast residents.	1	1.3	1.9	3.4
Residents confined to chairs.	14	17.7	41.4	50.8
Residents requiring restraints.	19	24.1	41.2	41.3
Confused or disoriented residents.	34	43.0	58.8	58.4
Residents with bed sores.	3	3.8	5.2	7.1
Residents receiving special skin care.	11	13.9	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHELSEA JEWISH NURSING HOME

Street Address: 17 LAFAYETTE ST	**City and State:** CHELSEA MA 02150

Participation: MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 123	**Medicare Residents:** 0	**Medicaid Residents:** 99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	104	84.6	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	107	87.0	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	98	79.7	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	74.8	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	69.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	16.3	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	57	46.3	41.4	50.8
Residents requiring restraints.	60	48.8	41.2	41.3
Confused or disoriented residents.	102	82.9	58.8	58.4
Residents with bed sores.	9	7.3	5.2	7.1
Residents receiving special skin care.	32	26.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COTTAGE MANOR N H

Street Address: 145 SHAWMUT ST	**City and State:** CHELSEA MA 02150

Participation: MEDICAID ICF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	82.4	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	26	76.5	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	13	38.2	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	100	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	61.8	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	14.7	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	2	5.9	15.3	39.1
Residents requiring restraints.	11	32.4	17.4	31.7
Confused or disoriented residents.	20	58.8	48.8	55.8
Residents with bed sores.	1	2.9	2.4	4.7
Residents receiving special skin care.	8	23.5	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE THE SOLDIERS HOME

Street Address: 91 CREST AVE		**City and State:** CHELSEA MA 02150	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 88	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 01/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
84	73	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	82.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	75	89.3	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	65	77.4	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	73.8	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	67.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	40.5	34.6	37.7
Completely bedfast residents.	2	2.4	1.9	3.4
Residents confined to chairs.	45	53.6	41.4	50.8
Residents requiring restraints.	24	28.6	41.2	41.3
Confused or disoriented residents.	46	54.8	58.8	58.4
Residents with bed sores.	9	10.7	5.2	7.1
Residents receiving special skin care.	47	56.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BIRCH MANOR NURSING HOME

Street Address: 44 NEW LOMBARD RD		**City and State:** CHICOPEE MA 01020	
Participation: MEDICAID ICF	**# of Beds:** 56	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
54	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	50.0	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	33	61.1	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	26	48.1	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	59.3	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	61.1	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	35.2	16.1	29.3
Completely bedfast residents.	1	1.9	0.6	3.6
Residents confined to chairs.	24	44.4	15.3	39.1
Residents requiring restraints.	15	27.8	17.4	31.7
Confused or disoriented residents.	42	77.8	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	6	11.1	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHICOPEE MUN HOME

Street Address: 820 FRONT ST	**City and State:** CHICOPEE MA 01020

Participation: MEDICAID ICF	**# of Beds:** 74	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
55	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	74.5	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	47	85.5	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	33	60.0	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	100	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	58.2	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	21.8	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	8	14.5	15.3	39.1
Residents requiring restraints.	23	41.8	17.4	31.7
Confused or disoriented residents.	24	43.6	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	8	14.5	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELMS MANOR NURSING HOME

Street Address: 269 MOORE ST	**City and State:** CHICOPEE MA 01013

Participation: MEDICAID ICF	**# of Beds:** 85	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	88.0	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	34	68.0	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	21	42.0	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	46.0	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	48.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	1	2.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	4.0	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	3	6.0	15.3	39.1
Residents requiring restraints.	5	10.0	17.4	31.7
Confused or disoriented residents.	33	66.0	48.8	55.8
Residents with bed sores.	2	4.0	2.4	4.7
Residents receiving special skin care.	5	10.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLIMANSETT N H - WEST

Street Address: 545 CHICOPEE ST		**City and State:** CHICOPEE MA 01013	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 71

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	62.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	60	61.2	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	55	56.1	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	63.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	42.9	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	34	34.7	41.4	50.8
Residents requiring restraints.	38	38.8	41.2	41.3
Confused or disoriented residents.	52	53.1	58.8	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	60	61.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLIMANSETT NH

Street Address: 11 ST ANTHONY STREET		**City and State:** CHICOPEE MA 01013	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 85	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
82	0	51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	87.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	77	93.9	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	77	93.9	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	92.7	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	85.4	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	40.2	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	46	56.1	41.4	50.8
Residents requiring restraints.	61	74.4	41.2	41.3
Confused or disoriented residents.	61	74.4	58.8	58.4
Residents with bed sores.	2	2.4	5.2	7.1
Residents receiving special skin care.	2	2.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLINTON MANOR NURSING HOME

Street Address: 250 MAIN STREET	**City and State:** CLINTON MA 01510

Participation: MEDICAID SNF/ICF	**# of Beds:** 79	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 0	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	66	84.6	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	72	92.3	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	64	82.1	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	80.8	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	66.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	19.2	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	24	30.8	41.4	50.8
Residents requiring restraints.	28	35.9	41.2	41.3
Confused or disoriented residents.	61	78.2	58.8	58.4
Residents with bed sores.	3	3.8	5.2	7.1
Residents receiving special skin care.	6	7.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COHASSET KNOLL S.N. & REHAB

Street Address: ROUTE 3A	**City and State:** COHASSET MA 02025

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 1	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	86.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	61	84.7	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	61	84.7	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	81.9	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	83.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	4	5.6	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	23.6	34.6	37.7
Completely bedfast residents.	1	1.4	1.9	3.4
Residents confined to chairs.	47	65.3	41.4	50.8
Residents requiring restraints.	46	63.9	41.2	41.3
Confused or disoriented residents.	51	70.8	58.8	58.4
Residents with bed sores.	4	5.6	5.2	7.1
Residents receiving special skin care.	8	11.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIPLEY ROAD NURSING HOME

Street Address: 25 RIPLEY RD	**City and State:** COHASSET MA 02025

Participation: MEDICAID ICF	**# of Beds:** 22	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 20	**Medicare Residents:** 0	**Medicaid Residents:** 18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	95.0	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	19	95.0	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	7	35.0	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	95.0	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	35.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	25.0	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	2	10.0	15.3	39.1
Residents requiring restraints.	5	25.0	17.4	31.7
Confused or disoriented residents.	13	65.0	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	6	30.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERCREST LTC FACILITY

Street Address: DEACONESS RD		**City and State:** CONCORD MA 01742	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 150	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
79	1	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	100	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	75	94.9	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	63	79.7	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	73.4	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.5	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	29.1	34.6	37.7
Completely bedfast residents.	3	3.8	1.9	3.4
Residents confined to chairs.	18	22.8	41.4	50.8
Residents requiring restraints.	40	50.6	41.2	41.3
Confused or disoriented residents.	61	77.2	58.8	58.4
Residents with bed sores.	2	2.5	5.2	7.1
Residents receiving special skin care.	23	29.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WALDEN HOUSE HEALTHCARE NURSING HOHE

Street Address: 785 MAIN ST	**City and State:** CONCORD MA 01742

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	79	66.9	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	104	88.1	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	95	80.5	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	105	89.0	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	83	70.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	9	7.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	45	38.1	34.6	37.7
Completely bedfast residents.	5	4.2	1.9	3.4
Residents confined to chairs.	46	39.0	41.4	50.8
Residents requiring restraints.	59	50.0	41.2	41.3
Confused or disoriented residents.	65	55.1	58.8	58.4
Residents with bed sores.	4	3.4	5.2	7.1
Residents receiving special skin care.	34	28.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DALTON NURSING HOME INC

Street Address: 265 MAIN ST		**City and State:** DALTON MA 01226	
Participation: MEDICAID SNF	**# of Beds:** 77	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 0	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	100	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	70	97.2	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	70	97.2	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	95.8	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	97.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	5	6.9	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	27.8	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	41	56.9	41.4	50.8
Residents requiring restraints.	70	97.2	41.2	41.3
Confused or disoriented residents.	49	68.1	58.8	58.4
Residents with bed sores.	4	5.6	5.2	7.1
Residents receiving special skin care.	72	100	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CEDAR GLEN NURSING HOME

Street Address: 44 SUMMER ST	**City and State:** DANVERS MA 01923

Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	79.6	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	81	82.7	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	59	60.2	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	56.1	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	62.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	19.4	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	12	12.2	41.4	50.8
Residents requiring restraints.	44	44.9	41.2	41.3
Confused or disoriented residents.	79	80.6	58.8	58.4
Residents with bed sores.	2	2.0	5.2	7.1
Residents receiving special skin care.	71	72.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DANVERS TWIN OAKS NURSING HOME

Street Address: 63 LOCUST ST		**City and State:** DANVERS MA 01923	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
101	2	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	72.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	93	92.1	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	69	68.3	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	79.2	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	66.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	41	40.6	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	35.6	34.6	37.7
Completely bedfast residents.	1	1.0	1.9	3.4
Residents confined to chairs.	22	21.8	41.4	50.8
Residents requiring restraints.	52	51.5	41.2	41.3
Confused or disoriented residents.	75	74.3	58.8	58.4
Residents with bed sores.	3	3.0	5.2	7.1
Residents receiving special skin care.	101	100	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE HOUSE NURS HOME

Street Address: 11 SYLVAN ST		**City and State:** DANVERS MA 01923	
Participation: MEDICAID ICF	**# of Beds:** 46	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
45	0	39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	66.7	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	34	75.6	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	34	75.6	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	64.4	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	75.6	45.5	59.1
Residents on individually written bowel and bladder retraining program.	4	8.9	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	35.6	16.1	29.3
Completely bedfast residents.	3	6.7	0.6	3.6
Residents confined to chairs.	8	17.8	15.3	39.1
Residents requiring restraints.	15	33.3	17.4	31.7
Confused or disoriented residents.	26	57.8	48.8	55.8
Residents with bed sores.	2	4.4	2.4	4.7
Residents receiving special skin care.	12	26.7	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HUNT NURS AND RET HOME INC

Street Address: 90 LINDALL ST		**City and State:** DANVERS MA 01923	
Participation: MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
114	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	107	93.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	98	86.0	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	67	58.8	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	59.6	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	57.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	27.2	34.6	37.7
Completely bedfast residents.	1	0.9	1.9	3.4
Residents confined to chairs.	27	23.7	41.4	50.8
Residents requiring restraints.	25	21.9	41.2	41.3
Confused or disoriented residents.	80	70.2	58.8	58.4
Residents with bed sores.	11	9.6	5.2	7.1
Residents receiving special skin care.	64	56.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LIBERTY PAVILION NURSING HOME

Street Address: 56 LIBERTY ST	**City and State:** DANVERS MA 01923

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 157	**Medicare Residents:** 0	**Medicaid Residents:** 82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	112	71.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	117	74.5	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	107	68.2	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	61.1	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	99	63.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	26.8	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	59	37.6	41.4	50.8
Residents requiring restraints.	65	41.4	41.2	41.3
Confused or disoriented residents.	86	54.8	58.8	58.4
Residents with bed sores.	5	3.2	5.2	7.1
Residents receiving special skin care.	33	21.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HARBORVIEW MANOR NURS HOME

Street Address: 173 SMITH NECK RD		**City and State:** DARTMOUTH MA 02714	
Participation: MEDICAID ICF	**# of Beds:** 29	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
29	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	58.6	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	20	69.0	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	14	48.3	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	51.7	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	37.9	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	17.2	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	2	6.9	15.3	39.1
Residents requiring restraints.	6	20.7	17.4	31.7
Confused or disoriented residents.	17	58.6	48.8	55.8
Residents with bed sores.	4	13.8	2.4	4.7
Residents receiving special skin care.	5	17.2	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EASTWOOD CARE CENTER;A L.T.C.F.

Street Address: 1007 EAST ST		**City and State:** DEDHAM MA 02026	
Participation: MEDICAID SNF/ICF	**# of Beds:** 142	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
139	0	104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	71.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	99	71.2	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	76	54.7	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	51.1	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	54.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.2	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	20.9	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	69	49.6	41.4	50.8
Residents requiring restraints.	41	29.5	41.2	41.3
Confused or disoriented residents.	77	55.4	58.8	58.4
Residents with bed sores.	4	2.9	5.2	7.1
Residents receiving special skin care.	20	14.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DIGHTON NURSING CENTER

Street Address: 907 CENTER ST	**City and State:** DIGHTON MA 02715

Participation: MEDICAID ICF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	82.8	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	18	62.1	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	10	34.5	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	37.9	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	37.9	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	10.3	16.1	29.3
Completely bedfast residents.	1	3.4	0.6	3.6
Residents confined to chairs.	3	10.3	15.3	39.1
Residents requiring restraints.	3	10.3	17.4	31.7
Confused or disoriented residents.	12	41.4	48.8	55.8
Residents with bed sores.	2	6.9	2.4	4.7
Residents receiving special skin care.	2	6.9	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BOSTON HOME INC

Street Address: 2049-2061 DORCHESTER AVE		**City and State:** DORCHESTER MA 02124	
Participation: MEDICAID SNF	**# of Beds:** 42	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 02/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
42	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	97.6	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	42	100	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	41	97.6	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	92.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	97.6	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	33	78.6	41.4	50.8
Residents requiring restraints.	18	42.9	41.2	41.3
Confused or disoriented residents.	4	9.5	58.8	58.4
Residents with bed sores.	3	7.1	5.2	7.1
Residents receiving special skin care.	11	26.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LTC AT NEPONSET-ASHMONT MANOR

Street Address: 45 COFFEY ST		**City and State:** DORCHESTER MA 02122	
Participation: MEDICAID ICF	**# of Beds:** 77	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 0	**Medicaid Residents:** 61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	59	79.7	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	57	77.0	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	43	58.1	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	56.8	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	53	71.6	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	14.9	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	8	10.8	15.3	39.1
Residents requiring restraints.	21	28.4	17.4	31.7
Confused or disoriented residents.	29	39.2	48.8	55.8
Residents with bed sores.	5	6.8	2.4	4.7
Residents receiving special skin care.	30	40.5	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LTC AT NEPONSET:TNE BOSTONIAN NRSG CAR

Street Address: 337 NEPONSET AVE	**City and State:** DORCHESTER MA 02122

Participation: MEDICAID SNF/ICF	**# of Beds:** 109	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 107	**Medicare Residents:** 0	**Medicaid Residents:** 90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	80.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	73	68.2	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	59	55.1	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	54.2	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	50.5	70.5	68.2
Residents on individually written bowel and bladder retraining program.	9	8.4	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	36.4	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	38	35.5	41.4	50.8
Residents requiring restraints.	26	24.3	41.2	41.3
Confused or disoriented residents.	42	39.3	58.8	58.4
Residents with bed sores.	5	4.7	5.2	7.1
Residents receiving special skin care.	12	11.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARTIN NURSING HOME

Street Address: 415 COLUMBIA RD	**City and State:** DORCHESTER MA 02125

Participation: MEDICAID ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 146	**Medicare Residents:** 0	**Medicaid Residents:** 134

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	103	70.5	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	70	47.9	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	70	47.9	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	75.3	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	66	45.2	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	10.3	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	29	19.9	15.3	39.1
Residents requiring restraints.	15	10.3	17.4	31.7
Confused or disoriented residents.	68	46.6	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	9	6.2	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NELSON MANOR NRSG HME

Street Address: 3 ASPINWALL RD	**City and State:** DORCHESTER MA 02124

Participation: MEDICAID ICF	**# of Beds:** 47	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/31/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	53.2	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	27	57.4	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	11	23.4	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	10.6	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	34.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	6	12.8	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	2.1	15.3	39.1
Residents requiring restraints.	0	0.0	17.4	31.7
Confused or disoriented residents.	2	4.3	48.8	55.8
Residents with bed sores.	8	17.0	2.4	4.7
Residents receiving special skin care.	0	0.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WAYNE MANOR NURSING HOME

Street Address: 133 HANCOCK ST	**City and State:** DORCHESTER MA 02125

Participation: MEDICAID ICF	**# of Beds:** 78	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 0	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	75	100	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	61	81.3	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	40	53.3	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	100	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	42	56.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	8.0	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	3	4.0	15.3	39.1
Residents requiring restraints.	10	13.3	17.4	31.7
Confused or disoriented residents.	68	90.7	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	3	4.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAY PATH AT DUXBURY NSG.& REHAB. CENT.

Street Address: 308 KINGS TOWN WAY		**City and State:** DUXBURY MA 02332	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 118	**Medicare Residents:** 1	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	72.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	101	85.6	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	92	78.0	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	80.5	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	72.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	61	51.7	34.6	37.7
Completely bedfast residents.	1	0.8	1.9	3.4
Residents confined to chairs.	62	52.5	41.4	50.8
Residents requiring restraints.	58	49.2	41.2	41.3
Confused or disoriented residents.	80	67.8	58.8	58.4
Residents with bed sores.	4	3.4	5.2	7.1
Residents receiving special skin care.	79	66.9	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DUXBURY HOUSE NRSG HME

Street Address: 298 KINGS TOWN WAY	**City and State:** DUXBURY MA 02332

Participation: MEDICAID ICF	**# of Beds:** 23	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	**Medicare Residents:** 0	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	13	56.5	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	17	73.9	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	9	39.1	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	26.1	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	9	39.1	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	17.4	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	4.3	15.3	39.1
Residents requiring restraints.	1	4.3	17.4	31.7
Confused or disoriented residents.	9	39.1	48.8	55.8
Residents with bed sores.	1	4.3	2.4	4.7
Residents receiving special skin care.	6	26.1	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DON ORIONE NURSING HOME

Street Address: 111 ORIENT AVE		**City and State:** EAST BOSTON MA 02128	
Participation: MEDICAID SNF/ICF	**# of Beds:** 194	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
186	0	170

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	139	74.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	143	76.9	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	125	67.2	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	118	63.4	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	121	65.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	24.2	34.6	37.7
Completely bedfast residents.	1	0.5	1.9	3.4
Residents confined to chairs.	72	38.7	41.4	50.8
Residents requiring restraints.	38	20.4	41.2	41.3
Confused or disoriented residents.	98	52.7	58.8	58.4
Residents with bed sores.	5	2.7	5.2	7.1
Residents receiving special skin care.	140	75.3	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FORGE POND NURSING HOME

Street Address: 66 CENTRAL ST		**City and State:** EAST BRIDGEWATER MA 02333	
Participation: MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 0	**Medicaid Residents:** 96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	96	80.7	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	97	81.5	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	94	79.0	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	119	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	86	72.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	28.6	34.6	37.7
Completely bedfast residents.	1	0.8	1.9	3.4
Residents confined to chairs.	77	64.7	41.4	50.8
Residents requiring restraints.	71	59.7	41.2	41.3
Confused or disoriented residents.	94	79.0	58.8	58.4
Residents with bed sores.	11	9.2	5.2	7.1
Residents receiving special skin care.	56	47.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHESTNUT HILL NURSING HOME

Street Address: 32 CHESTNUT STREET	**City and State:** EAST LONGMEADOW MA 01028

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 121	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	88	72.7	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	90	74.4	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	71	58.7	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	62.8	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	54	44.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	12.4	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	37	30.6	41.4	50.8
Residents requiring restraints.	35	28.9	41.2	41.3
Confused or disoriented residents.	63	52.1	58.8	58.4
Residents with bed sores.	8	6.6	5.2	7.1
Residents receiving special skin care.	16	13.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EAST LONGMEADOW N H

Street Address: 305 MAPLE ST		**City and State:** EAST LONGMEADOW MA 01028	
Participation: MEDICAID SNF/ICF	**# of Beds:** 119	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
117	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	110	94.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	104	88.9	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	83	70.9	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	75.2	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	59.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	18.8	34.6	37.7
Completely bedfast residents.	2	1.7	1.9	3.4
Residents confined to chairs.	38	32.5	41.4	50.8
Residents requiring restraints.	52	44.4	41.2	41.3
Confused or disoriented residents.	72	61.5	58.8	58.4
Residents with bed sores.	4	3.4	5.2	7.1
Residents receiving special skin care.	13	11.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDIPLEX OF EAST LONG MEADOW; A LTCF

Street Address: 135 BENTON DRIVE	**City and State:** EAST LONGMEADOW MA 01028

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 157	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65	**Medicare Residents:** 4	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	63.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	44	67.7	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	36	55.4	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	67.7	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	49.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	4	6.2	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	12.3	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	18	27.7	41.4	50.8
Residents requiring restraints.	17	26.2	41.2	41.3
Confused or disoriented residents.	24	36.9	58.8	58.4
Residents with bed sores.	3	4.6	5.2	7.1
Residents receiving special skin care.	6	9.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EASTON-LINCOLN NURSING HOME

Street Address: 184 LINCOLN ST	**City and State:** EASTON MA 02334

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 87	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 83	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	65.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	58	69.9	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	44	53.0	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	57.8	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	56.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	3.6	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	47.0	34.6	37.7
Completely bedfast residents.	2	2.4	1.9	3.4
Residents confined to chairs.	45	54.2	41.4	50.8
Residents requiring restraints.	18	21.7	41.2	41.3
Confused or disoriented residents.	0	0.0	58.8	58.4
Residents with bed sores.	6	7.2	5.2	7.1
Residents receiving special skin care.	13	15.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKWAY MANOR NURSING HOME

Street Address: 13 SCHOOL ST	**City and State:** EVERETT MA 02149

Participation: MEDICAID ICF	**# of Beds:** 57	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	**Medicare Residents:** 0	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	54.7	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	43	81.1	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	27	50.9	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	100	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	37.7	45.5	59.1
Residents on individually written bowel and bladder retraining program.	12	22.6	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	15.1	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	6	11.3	15.3	39.1
Residents requiring restraints.	11	20.8	17.4	31.7
Confused or disoriented residents.	29	54.7	48.8	55.8
Residents with bed sores.	1	1.9	2.4	4.7
Residents receiving special skin care.	17	32.1	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODLAWN MANOR NURSING HOME

Street Address: 289 ELM STREET		**City and State:** EVERETT MA 02149	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 144	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 141	**Medicare Residents:** 0	**Medicaid Residents:** 129

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	118	83.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	125	88.7	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	100	70.9	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	78.0	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	63.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	5	3.5	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	34.8	34.6	37.7
Completely bedfast residents.	2	1.4	1.9	3.4
Residents confined to chairs.	82	58.2	41.4	50.8
Residents requiring restraints.	84	59.6	41.2	41.3
Confused or disoriented residents.	118	83.7	58.8	58.4
Residents with bed sores.	11	7.8	5.2	7.1
Residents receiving special skin care.	113	80.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NICHOLS HOUSE NURSING HOME

Street Address: 184 MAIN ST	**City and State:** FAIRHAVEN MA 02719

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 107	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	69.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	76	76.0	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	68	68.0	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	59.0	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	49.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	30.0	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	31	31.0	41.4	50.8
Residents requiring restraints.	36	36.0	41.2	41.3
Confused or disoriented residents.	51	51.0	58.8	58.4
Residents with bed sores.	5	5.0	5.2	7.1
Residents receiving special skin care.	22	22.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OUR LADY'S HAVEN

Street Address: 71 CENTER ST	**City and State:** FAIRHAVEN MA 02719

Participation: MEDICAID SNF/ICF	**# of Beds:** 110	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 108	**Medicare Residents:** 0	**Medicaid Residents:** 92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	79.6	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	75	69.4	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	66	61.1	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	53.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	5	4.6	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	12.0	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	34	31.5	41.4	50.8
Residents requiring restraints.	42	38.9	41.2	41.3
Confused or disoriented residents.	61	56.5	58.8	58.4
Residents with bed sores.	8	7.4	5.2	7.1
Residents receiving special skin care.	9	8.3	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CATHOLIC MEMORIAL HOME

Street Address: 2446 HIGHLAND AVE	**City and State:** FALL RIVER MA 02720

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	288	NON-PROFIT RELIGIOUS	01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
288	0	234

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	199	69.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	197	68.4	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	172	59.7	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	288	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	172	59.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	0.7	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	61	21.2	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	77	26.7	41.4	50.8
Residents requiring restraints.	103	35.8	41.2	41.3
Confused or disoriented residents.	152	52.8	58.8	58.4
Residents with bed sores.	8	2.8	5.2	7.1
Residents receiving special skin care.	83	28.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLIFF GABLES NURSING HOME

Street Address: 423 MIDDLE ST	**City and State:** FALL RIVER MA 02724

Participation: MEDICAID ICF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	75.9	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	9	31.0	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	11	37.9	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	100	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	27.6	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	34.5	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	29	100	15.3	39.1
Residents requiring restraints.	20	69.0	17.4	31.7
Confused or disoriented residents.	14	48.3	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	0	0.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLIFF HAVEN NURSING HOME

Street Address: 745 HIGHLAND AVE	**City and State:** FALL RIVER MA 02720

Participation: MEDICAID ICF	**# of Beds:** 31	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 31	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	74.2	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	25	80.6	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	25	80.6	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	74.2	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	80.6	45.5	59.1
Residents on individually written bowel and bladder retraining program.	25	80.6	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	6.5	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	4	12.9	15.3	39.1
Residents requiring restraints.	1	3.2	17.4	31.7
Confused or disoriented residents.	27	87.1	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	6	19.4	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLIFF HEIGHTS NURSING HOME

Street Address: 635 ROCK ST		**City and State:** FALL RIVER MA 02720	
Participation: MEDICAID ICF	**# of Beds:** 33	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
31	0	31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	28	90.3	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	24	77.4	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	12	38.7	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	35.5	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	7	22.6	45.5	59.1
Residents on individually written bowel and bladder retraining program.	1	3.2	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	12.9	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	2	6.5	15.3	39.1
Residents requiring restraints.	5	16.1	17.4	31.7
Confused or disoriented residents.	16	51.6	48.8	55.8
Residents with bed sores.	1	3.2	2.4	4.7
Residents receiving special skin care.	7	22.6	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLIFF LAWN NURSING HOME

Street Address: 851 HIGHLAND AVENUE	**City and State:** FALL RIVER MA 02720

Participation: MEDICAID ICF	**# of Beds:** 26	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 25	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	56.0	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	17	68.0	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	11	44.0	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	40.0	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	64.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	40.0	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	6	24.0	15.3	39.1
Residents requiring restraints.	0	0.0	17.4	31.7
Confused or disoriented residents.	19	76.0	48.8	55.8
Residents with bed sores.	1	4.0	2.4	4.7
Residents receiving special skin care.	17	68.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLIFF MANOR NURSING HOME

Street Address: 431 ROCK ST	**City and State:** FALL RIVER MA 02720

Participation: MEDICAID ICF	**# of Beds:** 37	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	92.9	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	26	92.9	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	23	82.1	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	92.9	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	85.7	45.5	59.1
Residents on individually written bowel and bladder retraining program.	1	3.6	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	7.1	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	10	35.7	15.3	39.1
Residents requiring restraints.	2	7.1	17.4	31.7
Confused or disoriented residents.	22	78.6	48.8	55.8
Residents with bed sores.	2	7.1	2.4	4.7
Residents receiving special skin care.	20	71.4	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRAWFORD HOUSE CONV HOME

Street Address: 273 OAK GROVE AVE		**City and State:** FALL RIVER MA 02720	
Participation: MEDICAID SNF/ICF	**# of Beds:** 124	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
121	0	106

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	64.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	87	71.9	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	75	62.0	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	66.1	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	62.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	36.4	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	40	33.1	41.4	50.8
Residents requiring restraints.	58	47.9	41.2	41.3
Confused or disoriented residents.	61	50.4	58.8	58.4
Residents with bed sores.	3	2.5	5.2	7.1
Residents receiving special skin care.	22	18.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTWOOD CONV HOME

Street Address: 170 OAK GROVE AVE	**City and State:** FALL RIVER MA 02723

Participation: MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 0	**Medicaid Residents:** 86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	82.0	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	81.0	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	56	56.0	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	100	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	57	57.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	4	4.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	25.0	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	27	27.0	41.4	50.8
Residents requiring restraints.	41	41.0	41.2	41.3
Confused or disoriented residents.	77	77.0	58.8	58.4
Residents with bed sores.	4	4.0	5.2	7.1
Residents receiving special skin care.	32	32.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FALL RIVER JEWISH HOME FOR THE AGED

Street Address: 538 ROBESON ST	**City and State:** FALL RIVER MA 02720

Participation: MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 0	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	78.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	41	68.3	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	37	61.7	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	75.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	18	30.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	20.0	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	17	28.3	41.4	50.8
Residents requiring restraints.	12	20.0	41.2	41.3
Confused or disoriented residents.	14	23.3	58.8	58.4
Residents with bed sores.	1	1.7	5.2	7.1
Residents receiving special skin care.	39	65.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FALL RIVER NURSING HOME, INC

Street Address: 1748 HIGHLAND AVENUE	**City and State:** FALL RIVER MA 02720

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 164	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 161	**Medicare Residents:** 0	**Medicaid Residents:** 126

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	126	78.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	134	83.2	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	115	71.4	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	135	83.9	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	125	77.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	32.9	34.6	37.7
Completely bedfast residents.	2	1.2	1.9	3.4
Residents confined to chairs.	92	57.1	41.4	50.8
Residents requiring restraints.	86	53.4	41.2	41.3
Confused or disoriented residents.	121	75.2	58.8	58.4
Residents with bed sores.	3	1.9	5.2	7.1
Residents receiving special skin care.	83	51.6	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HIGHLAND MANOR NRSG HME

Street Address: 761 HIGHLAND AVE	**City and State:** FALL RIVER MA 02720

Participation: MEDICAID ICF	**# of Beds:** 26	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	92.3	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	18	69.2	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	10	38.5	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	26.9	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	53.8	45.5	59.1
Residents on individually written bowel and bladder retraining program.	1	3.8	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	7.7	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	7	26.9	15.3	39.1
Residents requiring restraints.	4	15.4	17.4	31.7
Confused or disoriented residents.	19	73.1	48.8	55.8
Residents with bed sores.	1	3.8	2.4	4.7
Residents receiving special skin care.	4	15.4	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KIMWELL NURSING HOME

Street Address: 495 NEW BOSTON RD	**City and State:** FALL RIVER MA 02720

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 124	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 1	**Medicaid Residents:** 78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	83.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	98	82.4	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	81	68.1	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	84.9	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	67.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	28.6	34.6	37.7
Completely bedfast residents.	1	0.8	1.9	3.4
Residents confined to chairs.	55	46.2	41.4	50.8
Residents requiring restraints.	68	57.1	41.2	41.3
Confused or disoriented residents.	65	54.6	58.8	58.4
Residents with bed sores.	2	1.7	5.2	7.1
Residents receiving special skin care.	22	18.5	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FALMOUTH N H

Street Address: 545 MAIN ST	**City and State:** FALMOUTH MA 02541

Participation: MEDICAID SNF/ICF	**# of Beds:** 121	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 0	**Medicaid Residents:** 77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	87.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	110	91.7	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	88	73.3	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	90	75.0	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	65.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	9	7.5	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	26.7	34.6	37.7
Completely bedfast residents.	1	0.8	1.9	3.4
Residents confined to chairs.	52	43.3	41.4	50.8
Residents requiring restraints.	63	52.5	41.2	41.3
Confused or disoriented residents.	72	60.0	58.8	58.4
Residents with bed sores.	4	3.3	5.2	7.1
Residents receiving special skin care.	33	27.5	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BIRCHWOOD CARE CTR; A L.T.C.F F

Street Address: 1199 JOHN FITCH HWY	**City and State:** FITCHBURG MA 01420

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 149	**Medicare Residents:** 0	**Medicaid Residents:** 138

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	104	69.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	123	82.6	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	99	66.4	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	67.8	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	98	65.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	15	10.1	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	28.9	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	45	30.2	41.4	50.8
Residents requiring restraints.	70	47.0	41.2	41.3
Confused or disoriented residents.	86	57.7	58.8	58.4
Residents with bed sores.	10	6.7	5.2	7.1
Residents receiving special skin care.	42	28.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLCREST NURSING HOME

Street Address: 94 SUMMER ST	**City and State:** FITCHBURG MA 01420

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	91.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	87	93.5	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	66	71.0	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	72.0	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	64.5	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	31.2	34.6	37.7
Completely bedfast residents.	1	1.1	1.9	3.4
Residents confined to chairs.	46	49.5	41.4	50.8
Residents requiring restraints.	23	24.7	41.2	41.3
Confused or disoriented residents.	60	64.5	58.8	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	19	20.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODBURY MANOR NURSING HOME

Street Address: ELECTRIC AVE	**City and State:** FITCHBURG MA 01420

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	91.9	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	91.9	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	89	89.9	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	91	91.9	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	86	86.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	4	4.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	62	62.6	34.6	37.7
Completely bedfast residents.	7	7.1	1.9	3.4
Residents confined to chairs.	33	33.3	41.4	50.8
Residents requiring restraints.	54	54.5	41.2	41.3
Confused or disoriented residents.	54	54.5	58.8	58.4
Residents with bed sores.	23	23.2	5.2	7.1
Residents receiving special skin care.	50	50.5	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VAN-DORA NURSING HOME

Street Address: 67 CENTRAL ST		**City and State:** FOXBORO MA 02035	
Participation: MEDICAID ICF	**# of Beds:** 67	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
65	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	69.2	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	47	72.3	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	39	60.0	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	100	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	35.4	45.5	59.1
Residents on individually written bowel and bladder retraining program.	2	3.1	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	15.4	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	6	9.2	15.3	39.1
Residents requiring restraints.	12	18.5	17.4	31.7
Confused or disoriented residents.	34	52.3	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	30	46.2	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARLYLE NURSING HOME, INC

Street Address: 342 WINTER ST	**City and State:** FRAMINGHAM MA 01701

Participation: MEDICAID ICF	**# of Beds:** 43	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	43.9	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	17	41.5	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	13	31.7	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	100	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	39.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	14.6	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	40	97.6	15.3	39.1
Residents requiring restraints.	22	53.7	17.4	31.7
Confused or disoriented residents.	1	2.4	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	16	39.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL HOUSE NURSING HOME

Street Address: 11 ARBETTER DR		**City and State:** FRAMINGHAM MA 01701	
Participation: MEDICAID ICF	**# of Beds:** 33	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	73.9	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	10	43.5	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	7	30.4	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	26.1	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	34.8	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	4.3	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	2	8.7	15.3	39.1
Residents requiring restraints.	1	4.3	17.4	31.7
Confused or disoriented residents.	10	43.5	48.8	55.8
Residents with bed sores.	1	4.3	2.4	4.7
Residents receiving special skin care.	5	21.7	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRYSIDE NURSING HOME

Street Address: 153 WINTER ST		**City and State:** FRAMINGHAM MA 01701	
Participation: MEDICAID ICF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
29	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	69.0	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	21	72.4	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	15	51.7	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	51.7	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	37.9	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	6.9	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	2	6.9	15.3	39.1
Residents requiring restraints.	2	6.9	17.4	31.7
Confused or disoriented residents.	9	31.0	48.8	55.8
Residents with bed sores.	1	3.4	2.4	4.7
Residents receiving special skin care.	0	0.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRAMINGHAM NURSING HOME

Street Address: 517 WINTER ST	**City and State:** FRAMINGHAM MA 01701

Participation: MEDICAID SNF	**# of Beds:** 43	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	97.6	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	42	100	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	39	92.9	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	39	92.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	4.8	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	71.4	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	30	71.4	41.4	50.8
Residents requiring restraints.	27	64.3	41.2	41.3
Confused or disoriented residents.	36	85.7	58.8	58.4
Residents with bed sores.	4	9.5	5.2	7.1
Residents receiving special skin care.	20	47.6	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE LONG TERM CARE HEALTH CENTER

Street Address: 9 ARBETER DR	**City and State:** FRAMINGHAM MA 01701

Participation: MEDICAID SNF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	100	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	36	90.0	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	36	90.0	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	90.0	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	52.5	70.5	68.2
Residents on individually written bowel and bladder retraining program.	4	10.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	25.0	34.6	37.7
Completely bedfast residents.	1	2.5	1.9	3.4
Residents confined to chairs.	24	60.0	41.4	50.8
Residents requiring restraints.	22	55.0	41.2	41.3
Confused or disoriented residents.	35	87.5	58.8	58.4
Residents with bed sores.	1	2.5	5.2	7.1
Residents receiving special skin care.	24	60.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KATHLEEN DANIEL NURSING HOME, A SNF

Street Address: 485 FRANKLIN ST		**City and State:** FRAMINGHAM MA 01701	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 124	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
117	3	69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	65.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	104	88.9	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	94	80.3	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	82.9	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	51.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.6	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	28.2	34.6	37.7
Completely bedfast residents.	5	4.3	1.9	3.4
Residents confined to chairs.	50	42.7	41.4	50.8
Residents requiring restraints.	57	48.7	41.2	41.3
Confused or disoriented residents.	43	36.8	58.8	58.4
Residents with bed sores.	5	4.3	5.2	7.1
Residents receiving special skin care.	15	12.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RESIDENT CARE N H

Street Address: 228 CONCORD STREET	**City and State:** FRAMINGHAM MA 01701

Participation: MEDICAID ICF	**# of Beds:** 91	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 0	**Medicaid Residents:** 89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	85.6	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	53	58.9	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	37	41.1	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	48.9	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	50.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	12.2	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	15	16.7	15.3	39.1
Residents requiring restraints.	14	15.6	17.4	31.7
Confused or disoriented residents.	82	91.1	48.8	55.8
Residents with bed sores.	2	2.2	2.4	4.7
Residents receiving special skin care.	7	7.8	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST PATRICK MANOR N H

Street Address: 863 CENTRAL AVE		**City and State:** FRAMINGHAM MA 01701	
Participation: MEDICAID SNF/ICF	**# of Beds:** 332	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
292	0	124

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	205	70.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	220	75.3	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	237	81.2	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	210	71.9	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	195	66.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	213	72.9	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	62	21.2	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	210	71.9	41.4	50.8
Residents requiring restraints.	113	38.7	41.2	41.3
Confused or disoriented residents.	134	45.9	58.8	58.4
Residents with bed sores.	9	3.1	5.2	7.1
Residents receiving special skin care.	73	25.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANKLIN HOUSE HEALTH CARE

Street Address: CHESTNUT ST		**City and State:** FRANKLIN MA 02038	
Participation: MEDICAID SNF/ICF	**# of Beds:** 82	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 77	**Medicare Residents:** 0	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	67.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	63	81.8	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	48	62.3	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	59.7	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	64.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	3.9	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	18.2	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	23	29.9	41.4	50.8
Residents requiring restraints.	25	32.5	41.2	41.3
Confused or disoriented residents.	35	45.5	58.8	58.4
Residents with bed sores.	3	3.9	5.2	7.1
Residents receiving special skin care.	26	33.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EASTWOOD PINES NURSING HOME

Street Address: EASTWOOD CIRCLE		**City and State:** GARDNER MA 01440	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 128	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
122	4	78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	109	89.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	109	89.3	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	109	89.3	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	89.3	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	109	89.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	6	4.9	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	65	53.3	34.6	37.7
Completely bedfast residents.	2	1.6	1.9	3.4
Residents confined to chairs.	51	41.8	41.4	50.8
Residents requiring restraints.	46	37.7	41.2	41.3
Confused or disoriented residents.	67	54.9	58.8	58.4
Residents with bed sores.	14	11.5	5.2	7.1
Residents receiving special skin care.	98	80.3	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GARDNER MANOR

Street Address: 155 GREEN ST	**City and State:** GARDNER MA 01440

Participation: MEDICAID SNF/ICF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/16/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 0	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	47.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	58	80.6	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	57	79.2	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	69.4	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	50.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.4	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	20.8	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	31	43.1	41.4	50.8
Residents requiring restraints.	30	41.7	41.2	41.3
Confused or disoriented residents.	30	41.7	58.8	58.4
Residents with bed sores.	7	9.7	5.2	7.1
Residents receiving special skin care.	39	54.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WACHUSETT MANOR NRSG HME

Street Address: 32 HOSPITAL HILL RD	**City and State:** GARDNER MA 01440

Participation: MEDICAID ICF	**# of Beds:** 89	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	**Medicare Residents:** 0	**Medicaid Residents:** 83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	60.7	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	71	79.8	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	48	53.9	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	57.3	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	71.9	45.5	59.1
Residents on individually written bowel and bladder retraining program.	3	3.4	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	12.4	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	13	14.6	15.3	39.1
Residents requiring restraints.	20	22.5	17.4	31.7
Confused or disoriented residents.	33	37.1	48.8	55.8
Residents with bed sores.	2	2.2	2.4	4.7
Residents receiving special skin care.	56	62.9	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREYCLIFF AT CAPE ANN CONV CTR

Street Address: 272 WASHINGTON ST	**City and State:** GLOUCESTER MA 01930

Participation: MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 0	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	69.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	57	75.0	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	51	67.1	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	67.1	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	67.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	48.7	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	38	50.0	41.4	50.8
Residents requiring restraints.	36	47.4	41.2	41.3
Confused or disoriented residents.	51	67.1	58.8	58.4
Residents with bed sores.	8	10.5	5.2	7.1
Residents receiving special skin care.	51	67.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KEITH HILL NURS HOME

Street Address: 44 OLD UPTON RD		**City and State:** GRAFTON MA 01519	
Participation: MEDICAID SNF/ICF	**# of Beds:** 43	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
42	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	71.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	33	78.6	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	30	71.4	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	73.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	14.3	34.6	37.7
Completely bedfast residents.	1	2.4	1.9	3.4
Residents confined to chairs.	15	35.7	41.4	50.8
Residents requiring restraints.	5	11.9	41.2	41.3
Confused or disoriented residents.	15	35.7	58.8	58.4
Residents with bed sores.	2	4.8	5.2	7.1
Residents receiving special skin care.	2	4.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREAT BARRINGTON HLTHCARE N H

Street Address: 148 MAPLE AVE		**City and State:** GREAT BARRINGTON MA 01230	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
105	0	68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	90	85.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	71	67.6	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	64	61.0	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	61.0	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	68.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	16.2	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	36	34.3	41.4	50.8
Residents requiring restraints.	32	30.5	41.2	41.3
Confused or disoriented residents.	75	71.4	58.8	58.4
Residents with bed sores.	5	4.8	5.2	7.1
Residents receiving special skin care.	20	19.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TIMBERLYN HEIGHTS NURSING HOME

Street Address: MAPLE AVE		**City and State:** GREAT BARRINGTON MA 01230	
Participation: MEDICAID SNF/ICF	**# of Beds:** 78	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	83.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	59	79.7	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	50	67.6	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	70.3	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	63.5	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	4.1	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	25.7	34.6	37.7
Completely bedfast residents.	1	1.4	1.9	3.4
Residents confined to chairs.	36	48.6	41.4	50.8
Residents requiring restraints.	30	40.5	41.2	41.3
Confused or disoriented residents.	55	74.3	58.8	58.4
Residents with bed sores.	1	1.4	5.2	7.1
Residents receiving special skin care.	22	29.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLOWOOD N H

Street Address: CHRISTIAN HILL RD	**City and State:** GREAT BARRINGTON MA 01230

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 177	**Medicare Residents:** 0	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	144	81.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	155	87.6	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	148	83.6	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	177	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	128	72.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	56	31.6	34.6	37.7
Completely bedfast residents.	5	2.8	1.9	3.4
Residents confined to chairs.	87	49.2	41.4	50.8
Residents requiring restraints.	72	40.7	41.2	41.3
Confused or disoriented residents.	100	56.5	58.8	58.4
Residents with bed sores.	10	5.6	5.2	7.1
Residents receiving special skin care.	125	70.6	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BUCKLEY NURSING HOME

Street Address: 95 LAUREL STREET	**City and State:** GREENFIELD MA 01301

Participation: MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	**Medicare Residents:** 0	**Medicaid Residents:** 90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	74.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	87	77.0	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	73	64.6	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	77.9	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	57.5	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	21.2	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	64	56.6	41.4	50.8
Residents requiring restraints.	37	32.7	41.2	41.3
Confused or disoriented residents.	59	52.2	58.8	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	37	32.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHARLENE MANOR EXTENDED CARE FACILITY

Street Address:		City and State:	
130 COLRAIN RAOD		GREENFIELD MA 01301	
Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF	81	PROPRIETARY	10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
6	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	6	100	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	6	100	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	6	100	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	100	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	6	100	41.4	50.8
Residents requiring restraints.	0	0.0	41.2	41.3
Confused or disoriented residents.	1	16.7	58.8	58.4
Residents with bed sores.	3	50.0	5.2	7.1
Residents receiving special skin care.	4	66.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANKLIN NURSING REHAB CENTER

Street Address: 329 CONWAY ST	**City and State:** GREENFIELD MA 01301

Participation: MEDICAID SNF/ICF	**# of Beds:** 250	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 243	**Medicare Residents:** 0	**Medicaid Residents:** 186

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	202	83.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	200	82.3	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	171	70.4	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	189	77.8	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	179	73.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	7	2.9	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	60	24.7	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	88	36.2	41.4	50.8
Residents requiring restraints.	109	44.9	41.2	41.3
Confused or disoriented residents.	147	60.5	58.8	58.4
Residents with bed sores.	4	1.6	5.2	7.1
Residents receiving special skin care.	69	28.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
POETS SEAT N H

Street Address: 359 HIGH ST	**City and State:** GREENFIELD MA 01301

Participation: MEDICAID SNF	**# of Beds:** 63	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	89.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	56	96.6	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	49	84.5	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	86.2	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	74.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	27.6	34.6	37.7
Completely bedfast residents.	3	5.2	1.9	3.4
Residents confined to chairs.	25	43.1	41.4	50.8
Residents requiring restraints.	41	70.7	41.2	41.3
Confused or disoriented residents.	46	79.3	58.8	58.4
Residents with bed sores.	1	1.7	5.2	7.1
Residents receiving special skin care.	34	58.6	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHILDREN'S EXTENDED CARE FACILITY

Street Address: HILLSIDE AVE	**City and State:** GROTON MA 01450

Participation: MEDICAID SNF	**# of Beds:** 71	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	100	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	66	100	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	66	100	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	100	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	66	100	34.6	37.7
Completely bedfast residents.	66	100	1.9	3.4
Residents confined to chairs.	6	9.1	41.4	50.8
Residents requiring restraints.	0	0.0	41.2	41.3
Confused or disoriented residents.	66	100	58.8	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	66	100	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARY LYON NURSING HOME

Street Address: 34 MAIN ST		**City and State:** HAMPDEN MA 01036	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	0	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	88.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	83	84.7	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	78	79.6	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	77.6	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	60.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	20.4	34.6	37.7
Completely bedfast residents.	2	2.0	1.9	3.4
Residents confined to chairs.	31	31.6	41.4	50.8
Residents requiring restraints.	45	45.9	41.2	41.3
Confused or disoriented residents.	60	61.2	58.8	58.4
Residents with bed sores.	5	5.1	5.2	7.1
Residents receiving special skin care.	63	64.3	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTH RIVER NURSING HOME

Street Address: 35 WASHINGTON ST		**City and State:** HANOVER MA 02339	
Participation: MEDICAID ICF	**# of Beds:** 41	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
40	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	85.0	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	34	85.0	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	24	60.0	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	30.0	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	57.5	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	22.5	16.1	29.3
Completely bedfast residents.	1	2.5	0.6	3.6
Residents confined to chairs.	2	5.0	15.3	39.1
Residents requiring restraints.	12	30.0	17.4	31.7
Confused or disoriented residents.	33	82.5	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	13	32.5	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BAKER-KATZ N H

Street Address: 194 BOARDMAN ST		**City and State:** HAVERHILL MA 01830	
Participation: MEDICAID ICF	**# of Beds:** 77	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
77	0	61

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	67.5	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	60	77.9	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	21	27.3	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	59.7	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	27.3	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	9.1	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	22	28.6	15.3	39.1
Residents requiring restraints.	11	14.3	17.4	31.7
Confused or disoriented residents.	30	39.0	48.8	55.8
Residents with bed sores.	2	2.6	2.4	4.7
Residents receiving special skin care.	8	10.4	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLYNN MEM HOME

Street Address: 61 BROWN ST	**City and State:** HAVERHILL MA 01830

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	48	LOCAL GOVERNMENT	01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
48	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	62.5	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	38	79.2	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	26	54.2	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	100	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	31.3	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	33.3	16.1	29.3
Completely bedfast residents.	7	14.6	0.6	3.6
Residents confined to chairs.	6	12.5	15.3	39.1
Residents requiring restraints.	13	27.1	17.4	31.7
Confused or disoriented residents.	31	64.6	48.8	55.8
Residents with bed sores.	1	2.1	2.4	4.7
Residents receiving special skin care.	11	22.9	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HANNAH DUSTON LONG-TERM HEALTH CARE CE

Street Address: 126 MONUMENT STREET	**City and State:** HAVERHILL MA 01830

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 79	**Medicare Residents:** 0	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	84.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	70	88.6	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	52	65.8	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	97.5	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	44	55.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	3.8	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	29.1	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	21	26.6	41.4	50.8
Residents requiring restraints.	25	31.6	41.2	41.3
Confused or disoriented residents.	58	73.4	58.8	58.4
Residents with bed sores.	6	7.6	5.2	7.1
Residents receiving special skin care.	40	50.6	40.4	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAVERHILL MANOR NURSING HOME

Street Address: 100 LAWRENCE ST		**City and State:** HAVERHILL MA 01830	
Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	0	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	75.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	80	80.8	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	73	73.7	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	99	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	76.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	3.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	25.3	34.6	37.7
Completely bedfast residents.	1	1.0	1.9	3.4
Residents confined to chairs.	38	38.4	41.4	50.8
Residents requiring restraints.	47	47.5	41.2	41.3
Confused or disoriented residents.	76	76.8	58.8	58.4
Residents with bed sores.	6	6.1	5.2	7.1
Residents receiving special skin care.	16	16.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KENOZA HILLCREST NURSING HOME

Street Address: 186 NORTH AVE	**City and State:** HAVERHILL MA 01830

Participation: MEDICAID ICF	**# of Beds:** 22	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 18	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	2	11.1	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	5	27.8	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	4	22.2	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	44.4	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	16.7	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	5.6	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	5.6	15.3	39.1
Residents requiring restraints.	1	5.6	17.4	31.7
Confused or disoriented residents.	3	16.7	48.8	55.8
Residents with bed sores.	1	5.6	2.4	4.7
Residents receiving special skin care.	0	0.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KENOZA MANOR CONV HOME

Street Address: 190 NORTH AVENUE		**City and State:** HAVERHILL MA 01830	
Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
97	0	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	73.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	76	78.4	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	60	61.9	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	58.8	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	64.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	4	4.1	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	24.7	34.6	37.7
Completely bedfast residents.	2	2.1	1.9	3.4
Residents confined to chairs.	34	35.1	41.4	50.8
Residents requiring restraints.	36	37.1	41.2	41.3
Confused or disoriented residents.	59	60.8	58.8	58.4
Residents with bed sores.	10	10.3	5.2	7.1
Residents receiving special skin care.	23	23.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKEVIEW HOUSE N H

Street Address: 87 SHATTUCK ST	**City and State:** HAVERHILL MA 01830

Participation: MEDICAID SNF	**# of Beds:** 87	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 22	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	90.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	21	95.5	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	19	86.4	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	63.6	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	90.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	9.1	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	27.3	34.6	37.7
Completely bedfast residents.	2	9.1	1.9	3.4
Residents confined to chairs.	9	40.9	41.4	50.8
Residents requiring restraints.	2	9.1	41.2	41.3
Confused or disoriented residents.	15	68.2	58.8	58.4
Residents with bed sores.	2	9.1	5.2	7.1
Residents receiving special skin care.	22	100	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LENOX N H INC

Street Address:	City and State:
378 S MAIN ST	HAVERHILL MA 01830

Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	27	NON-PROFIT OTHER	08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
27	0	24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	18	66.7	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	19	70.4	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	15	55.6	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	70.4	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	11	40.7	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	4	14.8	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	2	7.4	15.3	39.1
Residents requiring restraints.	0	0.0	17.4	31.7
Confused or disoriented residents.	17	63.0	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	2	7.4	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OXFORD MANOR NURSING HOME

Street Address: 689 MAIN ST	**City and State:** HAVERHILL MA 01830

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 120	**Medicare Residents:** 24	**Medicaid Residents:** 96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	67.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	94	78.3	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	94	78.3	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	55.8	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	98	81.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	6	5.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	15.0	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	72	60.0	41.4	50.8
Residents requiring restraints.	23	19.2	41.2	41.3
Confused or disoriented residents.	22	18.3	58.8	58.4
Residents with bed sores.	3	2.5	5.2	7.1
Residents receiving special skin care.	120	100	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
UNION MISSION NURSING HOME

Street Address: 150 WATER ST	**City and State:** HAVERHILL MA 01830

Participation: MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 151	**Medicare Residents:** 0	**Medicaid Residents:** 132

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	137	90.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	140	92.7	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	45	29.8	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	137	90.7	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	127	84.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.3	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	55	36.4	34.6	37.7
Completely bedfast residents.	1	0.7	1.9	3.4
Residents confined to chairs.	86	57.0	41.4	50.8
Residents requiring restraints.	101	66.9	41.2	41.3
Confused or disoriented residents.	95	62.9	58.8	58.4
Residents with bed sores.	11	7.3	5.2	7.1
Residents receiving special skin care.	32	21.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNNY ACRES NH

Street Address: RT 9	**City and State:** HAYDENVILLE MA 01096

Participation: MEDICAID ICF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	**Medicare Residents:** 0	**Medicaid Residents:** 18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	100	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	26	86.7	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	17	56.7	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	100	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	73.3	45.5	59.1
Residents on individually written bowel and bladder retraining program.	14	46.7	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	13.3	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	3.3	15.3	39.1
Residents requiring restraints.	10	33.3	17.4	31.7
Confused or disoriented residents.	22	73.3	48.8	55.8
Residents with bed sores.	3	10.0	2.4	4.7
Residents receiving special skin care.	3	10.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
QUEEN ANNE N H

Street Address: 50 RECREATION PARK DR	**City and State:** HINGHAM MA 02043

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 94	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	70.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	73	82.0	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	68	76.4	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	78.7	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	71.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	37.1	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	45	50.6	41.4	50.8
Residents requiring restraints.	29	32.6	41.2	41.3
Confused or disoriented residents.	39	43.8	58.8	58.4
Residents with bed sores.	4	4.5	5.2	7.1
Residents receiving special skin care.	8	9.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ASHMERE MANOR NURSING HOME

Street Address: GEORGE SCHNOPP RD	**City and State:** HINSDALE MA 01235

Participation: MEDICAID SNF/ICF	**# of Beds:** 82	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 82	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	82.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	60	73.2	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	61	74.4	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	74.4	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	68.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.4	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	30.5	34.6	37.7
Completely bedfast residents.	4	4.9	1.9	3.4
Residents confined to chairs.	28	34.1	41.4	50.8
Residents requiring restraints.	35	42.7	41.2	41.3
Confused or disoriented residents.	41	50.0	58.8	58.4
Residents with bed sores.	6	7.3	5.2	7.1
Residents receiving special skin care.	9	11.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLBROOK MANOR NURSING HOME

Street Address: 45 S FRANKLIN ST	**City and State:** HOLBROOK MA 02343

Participation: MEDICAID ICF	**# of Beds:** 41	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	78.9	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	21	55.3	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	5	13.2	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	15.8	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	21.1	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	2.6	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	2	5.3	15.3	39.1
Residents requiring restraints.	3	7.9	17.4	31.7
Confused or disoriented residents.	5	13.2	48.8	55.8
Residents with bed sores.	1	2.6	2.4	4.7
Residents receiving special skin care.	4	10.5	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLDEN NURSING HOME

Street Address: 32 MAYO RD	**City and State:** HOLDEN MA 01520

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 88	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 2	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	86.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	80	90.9	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	74	84.1	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	88.6	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	77.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	36.4	34.6	37.7
Completely bedfast residents.	2	2.3	1.9	3.4
Residents confined to chairs.	53	60.2	41.4	50.8
Residents requiring restraints.	35	39.8	41.2	41.3
Confused or disoriented residents.	39	44.3	58.8	58.4
Residents with bed sores.	6	6.8	5.2	7.1
Residents receiving special skin care.	15	17.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STONE HOUSE HILL NH

Street Address: STONE HOUSE HILL RD	**City and State:** HOLDEN MA 01520

Participation: MEDICAID ICF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	19	41.3	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	20	43.5	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	5	10.9	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	82.6	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	18	39.1	45.5	59.1
Residents on individually written bowel and bladder retraining program.	3	6.5	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	2	4.3	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	15.3	39.1
Residents requiring restraints.	1	2.2	17.4	31.7
Confused or disoriented residents.	20	43.5	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	8	17.4	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLLISTON MANOR NURSING HOME INC

Street Address: 84 ELM ST	**City and State:** HOLLISTON MA 01746

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	94.7	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	29	76.3	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	19	50.0	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	100	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	28.9	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	7.9	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	8	21.1	15.3	39.1
Residents requiring restraints.	14	36.8	17.4	31.7
Confused or disoriented residents.	26	68.4	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	11	28.9	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDWAY COUNTRY MANOR N H

Street Address: HOLLISTON ST	**City and State:** HOLLISTON MA 02053

Participation: MEDICAID SNF/ICF	**# of Beds:** 82	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	100	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	80	100	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	57	71.2	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	70.0	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	80.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	4	5.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	32.5	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	44	55.0	41.4	50.8
Residents requiring restraints.	49	61.2	41.2	41.3
Confused or disoriented residents.	59	73.7	58.8	58.4
Residents with bed sores.	8	10.0	5.2	7.1
Residents receiving special skin care.	26	32.5	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BUCKLEY NURS RET HOME

Street Address: 282 CABOT ST		**City and State:** HOLYOKE MA 01040	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	88.8	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	81	82.7	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	76.5	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	84	85.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	9.2	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	42	42.9	41.4	50.8
Residents requiring restraints.	36	36.7	41.2	41.3
Confused or disoriented residents.	58	59.2	58.8	58.4
Residents with bed sores.	5	5.1	5.2	7.1
Residents receiving special skin care.	12	12.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHAPEL HILL NURSING HOME

Street Address: 100 LOCUST ST		**City and State:** HOLYOKE MA 01040	
Participation: MEDICAID SNF	**# of Beds:** 61	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
58	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	89.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	56	96.6	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	55	94.8	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	54	93.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	3.4	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	43.1	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	21	36.2	41.4	50.8
Residents requiring restraints.	44	75.9	41.2	41.3
Confused or disoriented residents.	54	93.1	58.8	58.4
Residents with bed sores.	2	3.4	5.2	7.1
Residents receiving special skin care.	20	34.5	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLYOKE GERI CONV HOME

Street Address: 45 LOWER WESTFIELD RD	**City and State:** HOLYOKE MA 01040

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 240	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 235	**Medicare Residents:** 5	**Medicaid Residents:** 191

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	206	87.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	209	88.9	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	168	71.5	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	204	86.8	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	116	49.4	70.5	68.2
Residents on individually written bowel and bladder retraining program.	14	6.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	93	39.6	34.6	37.7
Completely bedfast residents.	1	0.4	1.9	3.4
Residents confined to chairs.	158	67.2	41.4	50.8
Residents requiring restraints.	109	46.4	41.2	41.3
Confused or disoriented residents.	130	55.3	58.8	58.4
Residents with bed sores.	2	0.9	5.2	7.1
Residents receiving special skin care.	80	34.0	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLYOKE NURSING HOME, INC.

Street Address: 1913 NORTHAMPTON ST		**City and State:** HOLYOKE MA 01040	
Participation: MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
97	0	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	94.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	78	80.4	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	67	69.1	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	75.3	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	66.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	27	27.8	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	25.8	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	36	37.1	41.4	50.8
Residents requiring restraints.	38	39.2	41.2	41.3
Confused or disoriented residents.	64	66.0	58.8	58.4
Residents with bed sores.	2	2.1	5.2	7.1
Residents receiving special skin care.	52	53.6	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOOMIS HOUSE NRSG CTR

Street Address: 298 JARVIS AVE	**City and State:** HOLYOKE MA 01040

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 80	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 76	**Medicare Residents:** 0	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	96.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	65	85.5	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	67	88.2	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	98.7	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	82.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	72	94.7	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	22.4	34.6	37.7
Completely bedfast residents.	1	1.3	1.9	3.4
Residents confined to chairs.	27	35.5	41.4	50.8
Residents requiring restraints.	10	13.2	41.2	41.3
Confused or disoriented residents.	27	35.5	58.8	58.4
Residents with bed sores.	4	5.3	5.2	7.1
Residents receiving special skin care.	8	10.5	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MT ST VINCENT

Street Address: HOLY FAMILY RD	**City and State:** HOLYOKE MA 01040

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID SNF/ICF	125	NON-PROFIT RELIGIOUS	05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
121	0	100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	107	88.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	92	76.0	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	79	65.3	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	71.1	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	73.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	24.0	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	37	30.6	41.4	50.8
Residents requiring restraints.	55	45.5	41.2	41.3
Confused or disoriented residents.	63	52.1	58.8	58.4
Residents with bed sores.	1	0.8	5.2	7.1
Residents receiving special skin care.	44	36.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEW MEDICO REHAB & SKLD NSG CTR

Street Address: 260 EASTHAMPTON RD	**City and State:** HOLYOKE MA 01040

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 164	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 158	**Medicare Residents:** 0	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	115	72.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	101	63.9	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	84	53.2	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	138	87.3	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	50.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	5	3.2	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	71	44.9	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	72	45.6	41.4	50.8
Residents requiring restraints.	84	53.2	41.2	41.3
Confused or disoriented residents.	87	55.1	58.8	58.4
Residents with bed sores.	4	2.5	5.2	7.1
Residents receiving special skin care.	16	10.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAK MANOR NURSING HOME

Street Address: 19 QUIRK AVE	**City and State:** HOLYOKE MA 01040

Participation: MEDICAID ICF	**# of Beds:** 60	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	76.3	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	47	79.7	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	20	33.9	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	74.6	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	67.8	45.5	59.1
Residents on individually written bowel and bladder retraining program.	16	27.1	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	11.9	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	8	13.6	15.3	39.1
Residents requiring restraints.	16	27.1	17.4	31.7
Confused or disoriented residents.	20	33.9	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	6	10.2	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOPEDALE GARDENS N H

Street Address: 325 S MAIN ST	**City and State:** HOPEDALE MA 01747

Participation: MEDICAID SNF/ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 0	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	86.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	61	89.7	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	58	85.3	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	98.5	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	47	69.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	6	8.8	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	39.7	34.6	37.7
Completely bedfast residents.	1	1.5	1.9	3.4
Residents confined to chairs.	26	38.2	41.4	50.8
Residents requiring restraints.	20	29.4	41.2	41.3
Confused or disoriented residents.	45	66.2	58.8	58.4
Residents with bed sores.	3	4.4	5.2	7.1
Residents receiving special skin care.	7	10.3	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
THE ADIN MANOR CONVALESCENT HOME

Street Address: 34 AKIN ST		**City and State:** HOPEDALE MA 01747	
Participation: MEDICAID SNF/ICF	**# of Beds:** 56	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
56	0	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	51	91.1	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	47	83.9	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	37	66.1	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	35	62.5	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	46.4	34.6	37.7
Completely bedfast residents.	1	1.8	1.9	3.4
Residents confined to chairs.	17	30.4	41.4	50.8
Residents requiring restraints.	15	26.8	41.2	41.3
Confused or disoriented residents.	32	57.1	58.8	58.4
Residents with bed sores.	8	14.3	5.2	7.1
Residents receiving special skin care.	5	8.9	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HUDSON NURSING HOME

Street Address: 53 CHURCH ST		**City and State:** HUDSON MA 01749	
Participation: MEDICAID ICF	**# of Beds:** 43	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	3	7.7	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	29	74.4	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	23	59.0	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	59.0	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	21	53.8	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	15.4	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	2.6	15.3	39.1
Residents requiring restraints.	4	10.3	17.4	31.7
Confused or disoriented residents.	30	76.9	48.8	55.8
Residents with bed sores.	1	2.6	2.4	4.7
Residents receiving special skin care.	14	35.9	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEW MEDICO REHAB & SKILLED NSG CTR

Street Address: 89 LEWIS BAY RD	**City and State:** HYANNIS MA 02601

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 142	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
133	0	93

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	66.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	107	80.5	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	92	69.2	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	133	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	63.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.5	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	29.3	34.6	37.7
Completely bedfast residents.	1	0.8	1.9	3.4
Residents confined to chairs.	82	61.7	41.4	50.8
Residents requiring restraints.	81	60.9	41.2	41.3
Confused or disoriented residents.	90	67.7	58.8	58.4
Residents with bed sores.	3	2.3	5.2	7.1
Residents receiving special skin care.	83	62.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WHITEHALL MANOR NURSING HOME

Street Address: 850 FALMOUTH RD, RTE 28		**City and State:** HYANNIS MA 02601	
Participation: MEDICAID SNF/ICF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
85	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathming Residents requiring some or total assistance in bathing.	69	81.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	70	82.4	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	60	70.6	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	90.6	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	75.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	20.0	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	32	37.6	41.4	50.8
Residents requiring restraints.	25	29.4	41.2	41.3
Confused or disoriented residents.	62	72.9	58.8	58.4
Residents with bed sores.	7	8.2	5.2	7.1
Residents receiving special skin care.	45	52.9	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WHITEHALL PAVILION N.H.

Street Address: PO BOX 979 RT 28	**City and State:** HYANNIS MA 02601

Participation: MEDICAID SNF	**# of Beds:** 82	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	88.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	42	93.3	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	42	93.3	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	95.6	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	77.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	37.8	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	34	75.6	41.4	50.8
Residents requiring restraints.	35	77.8	41.2	41.3
Confused or disoriented residents.	39	86.7	58.8	58.4
Residents with bed sores.	7	15.6	5.2	7.1
Residents receiving special skin care.	8	17.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARKWELL HEALTHCARE CENTER/A SNF

Street Address: 745 TRUMAN HIGHWAY	**City and State:** HYDE PARK MA 02136

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 124	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 119	**Medicare Residents:** 0	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	80.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	103	86.6	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	81	68.1	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	68.1	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	80	67.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	27	22.7	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	24.4	34.6	37.7
Completely bedfast residents.	2	1.7	1.9	3.4
Residents confined to chairs.	37	31.1	41.4	50.8
Residents requiring restraints.	52	43.7	41.2	41.3
Confused or disoriented residents.	56	47.1	58.8	58.4
Residents with bed sores.	2	1.7	5.2	7.1
Residents receiving special skin care.	30	25.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLAGE MANOR N H

Street Address: 25 ALPINE ST		**City and State:** HYDE PARK MA 02136	
Participation: MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
122	0	104

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	59.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	90	73.8	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	78	63.9	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	72.1	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	59.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	4	3.3	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	20.5	34.6	37.7
Completely bedfast residents.	1	0.8	1.9	3.4
Residents confined to chairs.	67	54.9	41.4	50.8
Residents requiring restraints.	50	41.0	41.2	41.3
Confused or disoriented residents.	74	60.7	58.8	58.4
Residents with bed sores.	4	3.3	5.2	7.1
Residents receiving special skin care.	44	36.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STEPHEN CALDWELL MANOR CONV HOME

Street Address: 15 GREEN STREET	**City and State:** IPSWICH MA 01938

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 30	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	71.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	60	100	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	47	78.3	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	78.3	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	80.0	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	28.3	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	9	15.0	41.4	50.8
Residents requiring restraints.	16	26.7	41.2	41.3
Confused or disoriented residents.	31	51.7	58.8	58.4
Residents with bed sores.	1	1.7	5.2	7.1
Residents receiving special skin care.	10	16.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARBORWAY MANOR N H

Street Address: 55 BURROUGHS ST		**City and State:** JAMAICA PLAIN MA 02130	
Participation: MEDICAID ICF	**# of Beds:** 32	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	73.3	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	21	70.0	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	12	40.0	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	100	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	23.3	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	30.0	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	3.3	15.3	39.1
Residents requiring restraints.	5	16.7	17.4	31.7
Confused or disoriented residents.	17	56.7	48.8	55.8
Residents with bed sores.	2	6.7	2.4	4.7
Residents receiving special skin care.	2	6.7	22.6	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRADLEY NURSING HOME

Street Address: 495 WALNUT AVE	**City and State:** JAMAICA PLAIN MA 02130

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	26	PROPRIETARY	10/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
26	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	65.4	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	16	61.5	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	19	73.1	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	42.3	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	38.5	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	15.3	39.1
Residents requiring restraints.	4	15.4	17.4	31.7
Confused or disoriented residents.	4	15.4	48.8	55.8
Residents with bed sores.	1	3.8	2.4	4.7
Residents receiving special skin care.	10	38.5	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANIDA HOUSE NURSING HOME

Street Address: 65 GLEN RD		**City and State:** JAMAICA PLAIN MA 02130	
Participation: MEDICAID ICF	**# of Beds:** 22	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 21	**Medicare Residents:** 0	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	95.2	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	14	66.7	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	4	19.0	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	42.9	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	8	38.1	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	4.8	15.3	39.1
Residents requiring restraints.	1	4.8	17.4	31.7
Confused or disoriented residents.	12	57.1	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	10	47.6	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GODDARD HOUSE, A RETIREMENT AND N.H.

Street Address: 201-5 SO. HUNTINGTON AVE		**City and State:** JAMAICA PLAIN MA 02130	
Participation: MEDICAID SNF/ICF	**# of Beds:** 144	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
80	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	55.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	42	52.5	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	42	52.5	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	42.5	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	5.0	34.6	37.7
Completely bedfast residents.	1	1.2	1.9	3.4
Residents confined to chairs.	11	13.7	41.4	50.8
Residents requiring restraints.	16	20.0	41.2	41.3
Confused or disoriented residents.	34	42.5	58.8	58.4
Residents with bed sores.	1	1.2	5.2	7.1
Residents receiving special skin care.	25	31.3	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAVEN NURSING HOME

Street Address: 44 PETER PARLEY RD		**City and State:** JAMAICA PLAIN MA 02130	
Participation: MEDICAID ICF	**# of Beds:** 20	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
20	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	70.0	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	16	80.0	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	11	55.0	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	75.0	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	55.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	15.0	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	15.3	39.1
Residents requiring restraints.	4	20.0	17.4	31.7
Confused or disoriented residents.	16	80.0	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	0	0.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARY MURPHY NURSING HOME

Street Address: 70 ROCKVIEW ST	**City and State:** JAMAICA PLAIN MA 02130

Participation: MEDICAID ICF	**# of Beds:** 91	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 0	**Medicaid Residents:** 85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	60.9	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	54	62.1	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	25	28.7	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	28.7	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	47.1	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	5.7	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	13	14.9	15.3	39.1
Residents requiring restraints.	5	5.7	17.4	31.7
Confused or disoriented residents.	24	27.6	48.8	55.8
Residents with bed sores.	1	1.1	2.4	4.7
Residents receiving special skin care.	5	5.7	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TUDOR HOUSE NURSING HOME

Street Address: 81 S. HUNTINGTON AVE	**City and State:** JAMAICA PLAIN MA 02130

Participation: MEDICAID ICF	**# of Beds:** 43	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	89.5	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	36	94.7	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	34	89.5	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	97.4	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	89.5	45.5	59.1
Residents on individually written bowel and bladder retraining program.	14	36.8	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	23.7	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	2	5.3	15.3	39.1
Residents requiring restraints.	3	7.9	17.4	31.7
Confused or disoriented residents.	36	94.7	48.8	55.8
Residents with bed sores.	1	2.6	2.4	4.7
Residents receiving special skin care.	4	10.5	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ISLAND TERRACE N H

Street Address: LONG POINT RD,BOX232		**City and State:** LAKEVILLE MA 02346	
Participation: MEDICAID SNF/ICF	**# of Beds:** 77	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
77	0	48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	89.6	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	65	84.4	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	55	71.4	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	74.0	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	62.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	22.1	34.6	37.7
Completely bedfast residents.	1	1.3	1.9	3.4
Residents confined to chairs.	24	31.2	41.4	50.8
Residents requiring restraints.	35	45.5	41.2	41.3
Confused or disoriented residents.	37	48.1	58.8	58.4
Residents with bed sores.	2	2.6	5.2	7.1
Residents receiving special skin care.	26	33.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEADOW VIEW NURSING HOME

Street Address: 18 CROOKED LA	**City and State:** LAKEVILLE MA 02346

Participation: MEDICAID ICF	**# of Beds:** 29	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	8	30.8	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	10	38.5	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	9	34.6	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	34.6	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	30.8	45.5	59.1
Residents on individually written bowel and bladder retraining program.	1	3.8	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	15.4	16.1	29.3
Completely bedfast residents.	3	11.5	0.6	3.6
Residents confined to chairs.	0	0.0	15.3	39.1
Residents requiring restraints.	1	3.8	17.4	31.7
Confused or disoriented residents.	8	30.8	48.8	55.8
Residents with bed sores.	1	3.8	2.4	4.7
Residents receiving special skin care.	2	7.7	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE RIVER TERRACE HEALTHCARE

Street Address: BALLARD HILL RD	**City and State:** LANCASTER MA 01523

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	82	PROPRIETARY	04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
77	0	52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	84.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	65	84.4	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	65	84.4	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	84.4	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	68.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	4	5.2	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	37	48.1	34.6	37.7
Completely bedfast residents.	1	1.3	1.9	3.4
Residents confined to chairs.	48	62.3	41.4	50.8
Residents requiring restraints.	34	44.2	41.2	41.3
Confused or disoriented residents.	32	41.6	58.8	58.4
Residents with bed sores.	12	15.6	5.2	7.1
Residents receiving special skin care.	45	58.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANLAW NURSING HOME

Street Address: 555 S UNION ST		**City and State:** LAWRENCE MA 01843	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
90	0	85

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	28.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	72	80.0	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	64	71.1	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	63.3	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	73.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	4	4.4	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	57	63.3	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	40	44.4	41.4	50.8
Residents requiring restraints.	26	28.9	41.2	41.3
Confused or disoriented residents.	48	53.3	58.8	58.4
Residents with bed sores.	8	8.9	5.2	7.1
Residents receiving special skin care.	2	2.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MI NURSING/RESTORATIVE CENTER, INC.

Street Address: ZERO BENNINGTON ST	**City and State:** LAWRENCE MA 01841

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 250	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 241	**Medicare Residents:** 4	**Medicaid Residents:** 187

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	200	83.0	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	192	79.7	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	171	71.0	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	196	81.3	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	166	68.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	100	41.5	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	131	54.4	41.4	50.8
Residents requiring restraints.	100	41.5	41.2	41.3
Confused or disoriented residents.	142	58.9	58.8	58.4
Residents with bed sores.	12	5.0	5.2	7.1
Residents receiving special skin care.	102	42.3	40.4	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TOWN MANOR NURSING HOME

Street Address: 55 LOWELL ST		**City and State:** LAWRENCE MA 01840	
Participation: MEDICAID SNF/ICF	**# of Beds:** 107	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
103	0	92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	83.5	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	88	85.4	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	68	66.0	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	60.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.9	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	10.7	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	34	33.0	41.4	50.8
Residents requiring restraints.	24	23.3	41.2	41.3
Confused or disoriented residents.	73	70.9	58.8	58.4
Residents with bed sores.	7	6.8	5.2	7.1
Residents receiving special skin care.	27	26.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOOD MILL CONVALESCENT HOME

Street Address: 800 ESSEX ST		**City and State:** LAWRENCE MA 01841	
Participation: MEDICAID SNF/ICF	**# of Beds:** 94	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 0	**Medicaid Residents:** 90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	71.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	72	80.0	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	50	55.6	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	64.4	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	57.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	21.1	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	32	35.6	41.4	50.8
Residents requiring restraints.	30	33.3	41.2	41.3
Confused or disoriented residents.	51	56.7	58.8	58.4
Residents with bed sores.	2	2.2	5.2	7.1
Residents receiving special skin care.	51	56.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BERKSHIRE HILLS NURSING HOME NORTH

Street Address: PROSPECT ST		**City and State:** LEE MA 01238	
Participation: MEDICAID SNF/ICF	**# of Beds:** 76	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 71	**Medicare Residents:** 0	**Medicaid Residents:** 53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	56	78.9	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	84.5	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	54	76.1	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	69.0	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	52	73.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	8	11.3	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	21	29.6	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	16	22.5	41.4	50.8
Residents requiring restraints.	23	32.4	41.2	41.3
Confused or disoriented residents.	37	52.1	58.8	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	45	63.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EDGECOMBE N H

Street Address: 40 SUNSET AVE		**City and State:** LENOX MA 01240	
Participation: MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
121	0	97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	60	49.6	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	109	90.1	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	93	76.9	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	76.9	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	65.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.5	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	30	24.8	34.6	37.7
Completely bedfast residents.	2	1.7	1.9	3.4
Residents confined to chairs.	40	33.1	41.4	50.8
Residents requiring restraints.	44	36.4	41.2	41.3
Confused or disoriented residents.	38	31.4	58.8	58.4
Residents with bed sores.	6	5.0	5.2	7.1
Residents receiving special skin care.	80	66.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY VIEW NURSING HOME

Street Address: 540 PITTSFIELD RD, PO BOX 963		**City and State:** LENOX MA 01240	
Participation: MEDICAID ICF	**# of Beds:** 140	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
127	0	109

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	127	100	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	127	100	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	8	6.3	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	127	100	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	75	59.1	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	14.2	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	19	15.0	15.3	39.1
Residents requiring restraints.	39	30.7	17.4	31.7
Confused or disoriented residents.	53	41.7	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	0	0.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRLAWN N H

Street Address: 370 WEST ST	**City and State:** LEOMINSTER MA 01453

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 121	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 121	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	114	94.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	105	86.8	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	91	75.2	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	89.3	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	100	82.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	37.2	34.6	37.7
Completely bedfast residents.	2	1.7	1.9	3.4
Residents confined to chairs.	46	38.0	41.4	50.8
Residents requiring restraints.	50	41.3	41.2	41.3
Confused or disoriented residents.	41	33.9	58.8	58.4
Residents with bed sores.	4	3.3	5.2	7.1
Residents receiving special skin care.	65	53.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
KEYSTONE NURSING & REHAB. CENTER

Street Address: KEYSTONE DR	**City and State:** LEOMINSTER MA 01453

Participation: MEDICAID SNF/ICF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	**Medicare Residents:** 0	**Medicaid Residents:** 75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	76.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	93	87.7	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	89	84.0	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	71.7	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	67.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	24.5	34.6	37.7
Completely bedfast residents.	1	0.9	1.9	3.4
Residents confined to chairs.	29	27.4	41.4	50.8
Residents requiring restraints.	59	55.7	41.2	41.3
Confused or disoriented residents.	54	50.9	58.8	58.4
Residents with bed sores.	10	9.4	5.2	7.1
Residents receiving special skin care.	20	18.9	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EAST VILLAGE NURSING HOME

Street Address: 140 EMERSON ST	**City and State:** LEXINGTON MA 02173

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 158	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 151	**Medicare Residents:** 2	**Medicaid Residents:** 101

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	150	99.3	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	123	81.5	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	115	76.2	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	151	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	133	88.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.7	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	80	53.0	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	118	78.1	41.4	50.8
Residents requiring restraints.	97	64.2	41.2	41.3
Confused or disoriented residents.	131	86.8	58.8	58.4
Residents with bed sores.	9	6.0	5.2	7.1
Residents receiving special skin care.	151	100	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MEDIPLEX OF LEXINGTON: A LTCF

Street Address: 178 LOWELL STREET	**City and State:** LEXINGTON MA 02173

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 202	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
183	1	154

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	128	69.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	142	77.6	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	141	77.0	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	152	83.1	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	140	76.5	70.5	68.2
Residents on individually written bowel and bladder retraining program.	8	4.4	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	28.4	34.6	37.7
Completely bedfast residents.	2	1.1	1.9	3.4
Residents confined to chairs.	59	32.2	41.4	50.8
Residents requiring restraints.	84	45.9	41.2	41.3
Confused or disoriented residents.	111	60.7	58.8	58.4
Residents with bed sores.	9	4.9	5.2	7.1
Residents receiving special skin care.	24	13.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE #	STATE %	NATION #	NATION %
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINE KNOLL NURSING HOME

Street Address: 30 WATERTOWN ST		**City and State:** LEXINGTON MA 02173	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 81	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 2	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	97.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	75	96.2	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	73	93.6	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	82.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.3	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	59.0	34.6	37.7
Completely bedfast residents.	3	3.8	1.9	3.4
Residents confined to chairs.	63	80.8	41.4	50.8
Residents requiring restraints.	54	69.2	41.2	41.3
Confused or disoriented residents.	57	73.1	58.8	58.4
Residents with bed sores.	3	3.8	5.2	7.1
Residents receiving special skin care.	78	100	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LITTLETON HOUSE N H

Street Address: 191 FOSTER ST	**City and State:** LITTLETON MA 01460

Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 115	**Medicare Residents:** 0	**Medicaid Residents:** 80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	83.5	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	63	54.8	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	34	29.6	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	80.9	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	27.8	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	17	14.8	16.1	29.3
Completely bedfast residents.	1	0.9	0.6	3.6
Residents confined to chairs.	26	22.6	15.3	39.1
Residents requiring restraints.	11	9.6	17.4	31.7
Confused or disoriented residents.	27	23.5	48.8	55.8
Residents with bed sores.	4	3.5	2.4	4.7
Residents receiving special skin care.	21	18.3	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JEWISH NURSING HOME/WESTERN MA

Street Address: 770 CONVERSE ST	**City and State:** LONGMEADOW MA 01106

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 200	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 194	**Medicare Residents:** 0	**Medicaid Residents:** 150

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	166	85.6	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	158	81.4	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	119	61.3	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	137	70.6	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	112	57.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	11	5.7	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	25.8	34.6	37.7
Completely bedfast residents.	1	0.5	1.9	3.4
Residents confined to chairs.	55	28.4	41.4	50.8
Residents requiring restraints.	53	27.3	41.2	41.3
Confused or disoriented residents.	121	62.4	58.8	58.4
Residents with bed sores.	0	0.0	5.2	7.1
Residents receiving special skin care.	109	56.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DYOUVILLE MANOR NURSING HOME

Street Address: 981 VARNUM AVE	**City and State:** LOWELL MA 01854

Participation: MEDICAID SNF/ICF	**# of Beds:** 196	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 196	**Medicare Residents:** 0	**Medicaid Residents:** 153

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	141	71.9	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	153	78.1	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	143	73.0	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	164	83.7	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	130	66.3	70.5	68.2
Residents on individually written bowel and bladder retraining program.	25	12.8	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	70	35.7	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	74	37.8	41.4	50.8
Residents requiring restraints.	30	15.3	41.2	41.3
Confused or disoriented residents.	125	63.8	58.8	58.4
Residents with bed sores.	13	6.6	5.2	7.1
Residents receiving special skin care.	116	59.2	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRHAVEN N H

Street Address: 476 VARNUM AVE	**City and State:** LOWELL MA 01854

Participation: MEDICAID SNF/ICF	**# of Beds:** 166	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 162	**Medicare Residents:** 0	**Medicaid Residents:** 134

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	118	72.8	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	111	68.5	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	78	48.1	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	162	100	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	79	48.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	34	21.0	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	59	36.4	41.4	50.8
Residents requiring restraints.	47	29.0	41.2	41.3
Confused or disoriented residents.	95	58.6	58.8	58.4
Residents with bed sores.	8	4.9	5.2	7.1
Residents receiving special skin care.	46	28.4	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLENWOOD CONVALESCENT HOME

Street Address: 557 VARNUM AVE		**City and State:** LOWELL MA 01854	
Participation: MEDICAID ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	0	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	72.7	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	72	72.7	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	36	36.4	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	28.3	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	34.3	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	14.1	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	6	6.1	15.3	39.1
Residents requiring restraints.	6	6.1	17.4	31.7
Confused or disoriented residents.	35	35.4	48.8	55.8
Residents with bed sores.	1	1.0	2.4	4.7
Residents receiving special skin care.	32	32.3	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE NURSING CARE CENTER

Street Address: 841 MERRIMACK STREET		**City and State:** LOWELL MA 01854	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 142	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
138	0	121

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	123	89.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	117	84.8	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	102	73.9	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	138	100	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	93	67.4	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	25.4	34.6	37.7
Completely bedfast residents.	1	0.7	1.9	3.4
Residents confined to chairs.	40	29.0	41.4	50.8
Residents requiring restraints.	45	32.6	41.2	41.3
Confused or disoriented residents.	104	75.4	58.8	58.4
Residents with bed sores.	6	4.3	5.2	7.1
Residents receiving special skin care.	106	76.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEW MEDICO REHAB & SKILLED NSG CTR

Street Address: 19 VARNUM ST		**City and State:** LOWELL MA 01852	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
157	0	91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	114	72.6	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	121	77.1	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	102	65.0	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	97	61.8	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	105	66.9	70.5	68.2
Residents on individually written bowel and bladder retraining program.	5	3.2	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	21.7	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	63	40.1	41.4	50.8
Residents requiring restraints.	34	21.7	41.2	41.3
Confused or disoriented residents.	98	62.4	58.8	58.4
Residents with bed sores.	17	10.8	5.2	7.1
Residents receiving special skin care.	40	25.5	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHWOOD CONVALESCENT CENTER

Street Address: 1010 VARNUM AVENUE		**City and State:** LOWELL MA 01854	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 121	**Medicare Residents:** 0	**Medicaid Residents:** 108

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	91	75.2	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	91	75.2	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	83	68.6	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	90.9	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	75.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	4	3.3	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	33.9	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	65	53.7	41.4	50.8
Residents requiring restraints.	55	45.5	41.2	41.3
Confused or disoriented residents.	87	71.9	58.8	58.4
Residents with bed sores.	13	10.7	5.2	7.1
Residents receiving special skin care.	76	62.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOHN'S NURSING HOME OF LOWELL

Street Address: 500 WENTWORTH AVE		**City and State:** LOWELL MA 01850	
Participation: MEDICAID SNF/ICF	**# of Beds:** 103	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 0	**Medicaid Residents:** 79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	75.7	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	98	95.1	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	81	78.6	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	80.6	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	74.8	70.5	68.2
Residents on individually written bowel and bladder retraining program.	5	4.9	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	21.4	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	50	48.5	41.4	50.8
Residents requiring restraints.	37	35.9	41.2	41.3
Confused or disoriented residents.	70	68.0	58.8	58.4
Residents with bed sores.	8	7.8	5.2	7.1
Residents receiving special skin care.	32	31.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TOWN & COUNTRY NURSING HOME

Street Address: 915 WESTFORD ST	**City and State:** LOWELL MA 01851

Participation: MEDICAID ICF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 0	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	51.7	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	41	70.7	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	29	50.0	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	100	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	44.8	45.5	59.1
Residents on individually written bowel and bladder retraining program.	1	1.7	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	25.9	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	9	15.5	15.3	39.1
Residents requiring restraints.	1	1.7	17.4	31.7
Confused or disoriented residents.	20	34.5	48.8	55.8
Residents with bed sores.	1	1.7	2.4	4.7
Residents receiving special skin care.	0	0.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLOW MANOR NURS HOME

Street Address: 30 PRINCETON BLVD	**City and State:** LOWELL MA 01854

Participation: MEDICAID SNF/ICF	**# of Beds:** 89	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 0	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	81.8	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	71	80.7	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	63	71.6	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	78.4	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	68.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	21	23.9	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	29.5	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	23	26.1	41.4	50.8
Residents requiring restraints.	47	53.4	41.2	41.3
Confused or disoriented residents.	63	71.6	58.8	58.4
Residents with bed sores.	5	5.7	5.2	7.1
Residents receiving special skin care.	23	26.1	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ABBOTT HOUSE NURSING HOME

Street Address: 28 ESSEX ST		**City and State:** LYNN MA 01902	
Participation: MEDICAID SNF	**# of Beds:** 47	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	0	47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	85.1	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	39	83.0	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	32	68.1	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	78.7	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	68.1	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	40.4	34.6	37.7
Completely bedfast residents.	1	2.1	1.9	3.4
Residents confined to chairs.	21	44.7	41.4	50.8
Residents requiring restraints.	11	23.4	41.2	41.3
Confused or disoriented residents.	28	59.6	58.8	58.4
Residents with bed sores.	4	8.5	5.2	7.1
Residents receiving special skin care.	4	8.5	40.4	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALBA NURSING HOME

Street Address: 12 PARK ST		**City and State:** LYNN MA 01905	
Participation: MEDICAID ICF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
33	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	66.7	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	26	78.8	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	22	66.7	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	69.7	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	57.6	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	15.2	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	3.0	15.3	39.1
Residents requiring restraints.	11	33.3	17.4	31.7
Confused or disoriented residents.	18	54.5	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	6	18.2	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ANN CARROLL NURSING HOME

Street Address: 66 JOHNSON ST

City and State: LYNN MA 01902

Participation: MEDICAID ICF

# of Beds: 28

Type of Ownership: PROPRIETARY

Survey Date: 02/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28

Medicare Residents: 0

Medicaid Residents: 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	50.0	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	19	67.9	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	10	35.7	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	21.4	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	12	42.9	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	3.6	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	5	17.9	15.3	39.1
Residents requiring restraints.	3	10.7	17.4	31.7
Confused or disoriented residents.	12	42.9	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	2	7.1	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTVIEW MANOR N H

Street Address: 72 NAHANT ST	**City and State:** LYNN MA 01902

Participation: MEDICAID ICF	**# of Beds:** 29	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 27	**Medicare Residents:** 0	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	6	22.2	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	14	51.9	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	9	33.3	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	70.4	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	44.4	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	11.1	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	7	25.9	15.3	39.1
Residents requiring restraints.	4	14.8	17.4	31.7
Confused or disoriented residents.	24	88.9	48.8	55.8
Residents with bed sores.	1	3.7	2.4	4.7
Residents receiving special skin care.	3	11.1	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JOSEPH P DEVLIN NURSING HOME

Street Address: 179 HOLYOKE ST	**City and State:** LYNN MA 01905

Participation: MEDICAID SNF	**# of Beds:** 54	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	100	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	51	98.1	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	51	98.1	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	98.1	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	94.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	18	34.6	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	38.5	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	34	65.4	41.4	50.8
Residents requiring restraints.	40	76.9	41.2	41.3
Confused or disoriented residents.	31	59.6	58.8	58.4
Residents with bed sores.	7	13.5	5.2	7.1
Residents receiving special skin care.	16	30.8	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAWRENCE MANOR NURSING HOME

Street Address: 26 HENRY AVE		**City and State:** LYNN MA 01902	
Participation: MEDICAID ICF	**# of Beds:** 39	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
39	0	26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	56.4	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	23	59.0	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	16	41.0	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	46.2	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	38.5	45.5	59.1
Residents on individually written bowel and bladder retraining program.	8	20.5	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	17.9	16.1	29.3
Completely bedfast residents.	1	2.6	0.6	3.6
Residents confined to chairs.	2	5.1	15.3	39.1
Residents requiring restraints.	9	23.1	17.4	31.7
Confused or disoriented residents.	15	38.5	48.8	55.8
Residents with bed sores.	1	2.6	2.4	4.7
Residents receiving special skin care.	15	38.5	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LYNN CONV HOME & INFIRMARY

Street Address: 655 BOSTON ST		**City and State:** LYNN MA 01905	
Participation: MEDICAID ICF	**# of Beds:** 140	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 0	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	51.4	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	52	70.3	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	50	67.6	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	87.8	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	45.9	45.5	59.1
Residents on individually written bowel and bladder retraining program.	6	8.1	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	21.6	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	15	20.3	15.3	39.1
Residents requiring restraints.	13	17.6	17.4	31.7
Confused or disoriented residents.	34	45.9	48.8	55.8
Residents with bed sores.	3	4.1	2.4	4.7
Residents receiving special skin care.	6	8.1	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEW MEDICO REHAB & SKILLED NSG CTR

Street Address: 70 GRANITE ST		**City and State:** LYNN MA 01904	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 218	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 212	**Medicare Residents:** 0	**Medicaid Residents:** 146

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	131	61.8	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	146	68.9	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	153	72.2	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	61.8	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	122	57.5	70.5	68.2
Residents on individually written bowel and bladder retraining program.	69	32.5	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	58	27.4	34.6	37.7
Completely bedfast residents.	4	1.9	1.9	3.4
Residents confined to chairs.	111	52.4	41.4	50.8
Residents requiring restraints.	97	45.8	41.2	41.3
Confused or disoriented residents.	134	63.2	58.8	58.4
Residents with bed sores.	10	4.7	5.2	7.1
Residents receiving special skin care.	46	21.7	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PHILLIPS MANOR NURSING HOME

Street Address: 28 LINWOOD RD	**City and State:** LYNN MA 01905

Participation: MEDICAID ICF	**# of Beds:** 20	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 20	**Medicare Residents:** 0	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	85.0	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	18	90.0	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	16	80.0	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	95.0	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	65.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	4	20.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	25.0	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	2	10.0	15.3	39.1
Residents requiring restraints.	0	0.0	17.4	31.7
Confused or disoriented residents.	9	45.0	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	1	5.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BARTLETT MANOR NURSING HOME

Street Address:	City and State:
180 SUMMER ST	MALDEN MA 02148

Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICAID ICF	40	PROPRIETARY	08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
40	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	90.0	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	36	90.0	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	26	65.0	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	57.5	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	37.5	45.5	59.1
Residents on individually written bowel and bladder retraining program.	2	5.0	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	1	2.5	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	2	5.0	15.3	39.1
Residents requiring restraints.	2	5.0	17.4	31.7
Confused or disoriented residents.	39	97.5	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	12	30.0	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BUCHANAN NURSING HOME

Street Address: 190 SUMMER ST	**City and State:** MALDEN MA 02148

Participation: MEDICAID ICF	**# of Beds:** 35	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 33	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	90.9	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	28	84.8	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	17	51.5	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	100	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	51.5	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	12.1	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	0	0.0	15.3	39.1
Residents requiring restraints.	0	0.0	17.4	31.7
Confused or disoriented residents.	33	100	48.8	55.8
Residents with bed sores.	1	3.0	2.4	4.7
Residents receiving special skin care.	5	15.2	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARE WELL MANOR NURSING HOME

Street Address: 203 SUMMER ST		**City and State:** MALDEN MA 02148	
Participation: MEDICAID ICF	**# of Beds:** 23	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
23	0	16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	16	69.6	69.2	78.3
Dressing Residents requiring some or total assistance in dressing.	16	69.6	76.9	76.7
Toileting Residents requiring some or total assistance in toileting.	5	21.7	45.4	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	34.8	61.8	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	13.0	45.5	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.3	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	8.7	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	1	4.3	15.3	39.1
Residents requiring restraints.	4	17.4	17.4	31.7
Confused or disoriented residents.	15	65.2	48.8	55.8
Residents with bed sores.	0	0.0	2.4	4.7
Residents receiving special skin care.	2	8.7	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DEXTER HOUSE NURS FACILITY

Street Address: 120 MAIN ST		**City and State:** MALDEN MA 02148	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 130	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
123	0	82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	108	87.8	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	107	87.0	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	103	83.7	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	108	87.8	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	109	88.6	70.5	68.2
Residents on individually written bowel and bladder retraining program.	10	8.1	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	36	29.3	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	83	67.5	41.4	50.8
Residents requiring restraints.	82	66.7	41.2	41.3
Confused or disoriented residents.	88	71.5	58.8	58.4
Residents with bed sores.	16	13.0	5.2	7.1
Residents receiving special skin care.	38	30.9	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MC FADDEN MEM MANOR

Street Address: 341 FOREST ST	**City and State:** MALDEN MA 02148

Participation: MEDICAID ICF	**# of Beds:** 61	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/15/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 56	**Medicare Residents:** 0	**Medicaid Residents:** 52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	45	80.4	69.2	78.3
Dressing				
Residents requiring some or total assistance in dressing.	42	75.0	76.9	76.7
Toileting				
Residents requiring some or total assistance in toileting.	31	55.4	45.4	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	69.6	61.8	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	26	46.4	45.5	59.1
Residents on individually written bowel and bladder retraining program.	11	19.6	5.3	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	16.1	16.1	29.3
Completely bedfast residents.	0	0.0	0.6	3.6
Residents confined to chairs.	20	35.7	15.3	39.1
Residents requiring restraints.	8	14.3	17.4	31.7
Confused or disoriented residents.	23	41.1	48.8	55.8
Residents with bed sores.	1	1.8	2.4	4.7
Residents receiving special skin care.	7	12.5	22.6	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	0	0.0	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	39	20.4	198	3.6
Each resident is free from mental and physical abuse.	MET	2	1.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	5	2.6	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	21	11.0	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	1.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	1	0.5	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	7	3.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	18	9.4	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	10	5.2	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	13	6.8	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	9	4.7	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	15	7.9	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	11	5.8	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	14	7.3	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	9	4.7	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	30	15.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	13	6.8	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	6	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	6	3.1	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	16	8.4	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	14	7.3	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	42	22.0	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	58	30.4	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	10	5.2	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	63	33.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DEVEREUX HOUSE NURSING HOME

Street Address: 39 LAFAYETTE ST	**City and State:** MARBLEHEAD MA 01945

Participation: MEDICAID SNF	**# of Beds:** 64	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 63	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	79.4	78.2	81.5
Dressing Residents requiring some or total assistance in dressing.	57	90.5	82.0	83.2
Toileting Residents requiring some or total assistance in toileting.	56	88.9	70.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	88.9	80.6	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	66.7	70.5	68.2
Residents on individually written bowel and bladder retraining program.	17	27.0	6.1	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	52.4	34.6	37.7
Completely bedfast residents.	4	6.3	1.9	3.4
Residents confined to chairs.	38	60.3	41.4	50.8
Residents requiring restraints.	17	27.0	41.2	41.3
Confused or disoriented residents.	39	61.9	58.8	58.4
Residents with bed sores.	1	1.6	5.2	7.1
Residents receiving special skin care.	9	14.3	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAFAYETTE CONVALESCENT HOME

Street Address: 25 LAFAYETTE ST	**City and State:** MARBLEHEAD MA 01945

Participation: MEDICAID SNF/ICF	**# of Beds:** 65	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	54	84.4	78.2	81.5
Dressing				
Residents requiring some or total assistance in dressing.	59	92.2	82.0	83.2
Toileting				
Residents requiring some or total assistance in toileting.	38	59.4	70.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	68.8	80.6	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	43	67.2	70.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	6.1	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	17	26.6	34.6	37.7
Completely bedfast residents.	0	0.0	1.9	3.4
Residents confined to chairs.	10	15.6	41.4	50.8
Residents requiring restraints.	10	15.6	41.2	41.3
Confused or disoriented residents.	23	35.9	58.8	58.4
Residents with bed sores.	3	4.7	5.2	7.1
Residents receiving special skin care.	7	10.9	40.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.6	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	35	10.7	518	5.5
Each resident is free from mental and physical abuse.	MET	5	1.5	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	8	2.4	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	47	14.4	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	1	0.3	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.6	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	9	2.8	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	3	0.9	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	15	4.6	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	62	19.0	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	46	14.1	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	37	11.3	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	26	8.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	46	14.1	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	10.7	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	30	9.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	46	14.1	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	93	28.4	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	17	5.2	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	8.3	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	12	3.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	23	7.0	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	26	8.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	55	16.8	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	71	21.7	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	14	4.3	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	59	18.0	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	19.6	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	17	5.2	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	130	39.8	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

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